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Alaskan Natives as Human Services Aides

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The Multiservice Neighborhood Center
Preliminary Findings From A National Survey

Edward J. O'Donnell and Otto M. Reid

A compelling idea—the neighborhood center. Not new but certainly bold, capturing at once the charm of the past and the challenge of the future. It offers hope of helping people by mixing old reliable ways with new and promising ones. Its appeal is far-reaching: social agencies have already formulated policies and programs as if the evidence of its effectiveness as an instrument of social action and service delivery were irrefutable.[1] Indeed, many persons in the business of helping people are convinced that the idea is beyond reproach—they need no further persuasion. And yet there is little evidence to make their conviction more than faith. We know a lot about *some* centers in particular but very little about centers in general. We know very little about the way in which most centers function and precious little about whether they actually help people. Until recently we didn't even know how many centers there were. Estimates have had more to do with the imagination or grandiosity of the estimators than with the facts. And if the sheer number of such centers has been open to so much question, certainly their relative effectiveness has been the subject of just as much speculation and guesswork.

To shed some light on the facts about the multiservice neighborhood center, the Division of Intramural Research of the Social and Rehabilitation Service (SRS), U.S. Department of Health, Education, and Welfare (HEW), has developed a series of studies on the subject. The preliminary findings of the first of these are now available and are the basis of this article.

Dr. O'Donnell *is Interim Professor and Chairman, Social Welfare Policy and Services, National Catholic School of Social Service, Catholic University of America. He was formerly a research analyst with the Division of Intramural Research; Office of Research and Demonstrations; Office for Planning, Research, and Training; Social and Rehabilitation Service; U.S. Department of Health, Education, and Welfare.* Dr. Reid *is Chief, Service Delivery Research Branch, Division of Intramural Research.*

In addition, Oliver C. Moles contributed to the conception and design of the study. Dr. Moles is a research psychologist in the Evaluation Division; Office of Planning, Research, and Evaluation; Office of Economic Opportunity.

The larger context

First, to place the preliminary findings in perspective, a brief description of the larger study follows. The National Study of Multi-Service Neighborhood Centers was designed to obtain information on the number and nature of multiservice centers operating in the continental United States as well as information about the programs and services they provide. For the study a multiservice center was defined as one offering two or more direct services full time to broad segments of the people in the area served. Centers were not included if they provided information and referral service only; one type of service only (for example, neighborhood legal services or neighborhood health programs); served special groups of persons only (for example, the old or the young); or were located in counties without an urban place of at least 10,000 population.

The ultimate objective of the broad study is to find out what kinds of centers are most effective in helping what kinds of people with what kinds of problems. Intermediate goals are to obtain a national picture of all such centers—public and voluntary—with particular reference to counterpart HEW programs and SRS-related services and to develop measures of organizational efficiency and effectiveness. The study is thus comprised of four subprojects:

- An inventory (the National Inventory of Multi-Service Neighborhood Centers) of close to 1,000 multiservice centers in the country—including both public and private programs.[2]

- A study of the extent to which SRS-related programs have been decentralized into neighborhood

centers—with particular attention to the problems and prospects of participation by local departments of public welfare.

- A field observation study of some 20 centers representing a variety of types of programs.
- A study of the efficiency and effectiveness of a national sample of some 250 centers—including interviews with center administrators, SRS-related staff members, neighborhood residents, and persons using these centers.

We deal here only with preliminary data from the first of these subprojects, the National Inventory. Data from the Inventory are limited to information from replies by 969 center administrators to either a mail questionnaire or a telephone interview. The data concern center activities and operations; the kinds of services they provide; the number of professional and semiprofessional workers they employ; where they are located; who sponsors them; the activities they emphasize the most; which activities are the most effective; the kinds of persons they serve and (perhaps more to the point) how many; and, given their resources in men and money, which centers seem to be the most productive. The survey was conducted in 1970.

The findings

The findings of the National Inventory of Multi-Service Neighborhood Centers produced the following information.

How many centers are there? In early 1970 there were about 2,518 multiservice neighborhood centers (as defined earlier) in the United States.

When were they established? Slightly more than a fourth (26 percent) of all centers were established before 1950, only a 10th (12 percent) between 1950 and 1964, and some six of every 10 (62 percent) after 1964. Undoubtedly, most of those established before 1965 are traditional settlement and neighborhood houses; those established after are the various neighborhood service, development, and opportunity centers supported by the Office of Economic Opportunity. The data indicate further that the allocation of funds followed closely on the establishment of the centers.

Where are they located? Fully eight of every 10 (83 percent) of the centers that are located in counties with an urban place of at least 10,000 population are in metropolitan areas—68 percent are in areas of 250,000 or more population. One in every six (17 percent) is located in an area with a population between 100,000 and 249,999, and only one in every 100 (1.1 percent) in an area with a population between 50,000 and 99,999. Only the 48 contiguous States were included in the study.

Three of HEW's 10 regions account for more than half (55 percent) of the centers. Nearly a fourth (24 percent) are in Region V (Ohio, Indiana, Michigan, Illinois, Wisconsin, and Minnesota); nearly a fifth (18 percent) in Region II (New York and New Jersey[3]); and more than one in every 10 (13 percent) are in Region IV (Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Alabama, Mississippi, and Florida). Assuming that the number of centers should be proportional to the size of the population to be served, HEW's Region II has almost half again as many centers (43 percent) as would be expected; Region VIII (North Dakota, South Dakota, Montana, Wyoming, Colorado, and Utah) 26 percent more; Region VII (Iowa, Missouri, Nebraska, and Kansas), Region I (Maine, New Hampshire, Vermont, Connecticut, Massachusetts, and Rhode Island), and Region V, 12 percent, 9 percent, and 7 percent more.

Regions that have fewer centers than would be expected on the basis of population are III (Pennsylvania, Maryland, Delaware, District of Columbia, Virginia, and West Virginia), VI (Arkansas, Louisiana, Oklahoma, Texas, and New Mexico), IV, and IX (California, Nevada, and Arizona[4]). These regions have only 72, 73, 86, and 93 percent of the number to be expected. The table presents data on the percentage distributions by HEW regions of the total population, of poor families, and of multiservice centers in the continental United States. Two regions—IV and VI—comprising the Southern and Southwestern States, have disproportionately more poor families and disproportionately fewer centers compared to their share of the population of the United States. Regions II and V—the Northern industrial States—have proportionately fewer poor families than the Nation as a whole and proportionately more centers. Contrary to what would be desirable, it is the regions with the fewest poor families that have the most centers and those with the most poor families that have the fewest centers. The distribution of the centers seems to be related more to the wealth of the region than to the need for centers.

How many persons live in the areas served? The number of persons living in the areas served by multiservice centers varies considerably from center to center: 2.3

Population size, proportion of poor families, and proportion of neighborhood service centers, by region

HEW Regions	Percent of U.S. population (1960)[1]	Percent of U.S. families with annual income under $3,000 (1960)[1]	Percent of centers (1970)[2]
V	22.1	16.9	23.7
IV	15.5	26.9	13.3
II	12.7	7.8	18.2
III	12.9	11.1	8.7
VI	10.0	14.9	7.3
IX	10.0	6.6	9.3
VII	5.9	7.1	6.6
I	5.9	3.7	6.4
X	3.1	2.3	3.0
VIII	2.8	2.7	3.5

[1] County and City Data Book, 1967, *Bureau of the Census, U.S. Department of Commerce, table 1, columns 1 and 29, pp. 2-3.* [2] *National Inventory of Multi-Service Neighborhood Centers.*

percent serve areas of under 1,000 persons; 2.7 percent serve areas of over 500,000. Nearly a third (31 percent) serve areas of less than 10,000 persons; more than a third (38 percent) areas of 10,000 to 50,000; and nearly a third (31 percent) areas of 50,000 or more.[5]

What kinds of people live in the neighborhoods and who gets served? Based on the judgments of center administrators, centers serve neighborhoods comprising a wide range and mixture of racial and ethnic and income groups.

Racial and ethnic groups. More than one out of five centers (22 percent) are in neighborhoods with populations at least 90 percent "majority" white (that is, their populations are at least 90 percent white but this white population includes no Spanish-Americans or members of other white "minority" groups); only 6.8 percent are in neighborhoods with no "majority" white persons. Nearly four of 10 (38 percent) serve areas in which most (50 percent or more) of the population is Negro; 17 percent serve neighborhoods in which 90 percent or more of the population is Negro; and 11 percent serve areas in which no Negroes live. Fewer than one in every 10 (6.4 percent) serves an area in which half or more of the population is Spanish-American, and fewer than one in a hundred serves an area in which American Indians or Oriental Americans are in the majority.

Though most centers are in areas with predominately "majority" white populations, the data also indicate that centers are located disproportionately in neighborhoods in which Negroes are in the majority and that they serve more Negroes than would be expected on the basis of the national proportion of Negroes in the population and the number of Negroes living in the neighborhood. Though Negroes constituted only 11 percent of the population of the United States in 1968, almost two out of five centers (38 percent) are in neighborhoods in which administrators estimate the population to be 50 percent or more Negro. No matter what the proportion of Negroes in the neighborhood served, the proportion of Negroes using the center is always higher.

Conversely, of course, neighborhoods with "majority" white populations have fewer centers than would be expected on the basis of the proportion of "majority" white persons in the United States, and a smaller proportion of white persons use the center than the proportion who live in the neighborhood, regardless of their proportion in the neighborhood.

Only 6.4 percent of all centers are in neighborhoods in which Spanish-Americans are the majority population, and less than 1 percent are in neighborhoods in which American Indians or Oriental Americans are in the majority, according to administrators' estimates. Wherever one of these groups constitutes a small proportion of the neighborhood's population, its members use the center in even lower numbers than their proportion of the population would warrant. This is in contrast to the findings regarding the Negro population, as pointed out. Only when they are the majority population in the neighborhood do Spanish-Americans use centers in proportions greater than their proportion in the neighborhood.

Income groups. Centers are located predominately in low income neighborhoods. Close to one in 10 (9.3 percent) reports no neighborhood residents with family incomes of less than $4,000, and close to six in 10 (57 percent) serve neighborhoods where 50 percent or more of the residents have incomes below $4,000 (only 669 administrators were able to estimate the proportions of people with various incomes living in the neighborhood). Most neighborhoods have only moderate numbers of middle income families ($4,000 to $9,999) living in them as well, and most have few or no families with higher incomes ($10,000 or more). More than half the neighborhoods (52 percent) have no families with such high incomes, and in more than four out of five (82 percent) fewer than 10 percent of the families have incomes of $10,000 or more.

To what extent are poor people served? Centers tend to serve poor people disproportionately. Though the U.S.

Census Bureau data show that 16 percent of all families in the United States in 1968 had incomes under $4,000, seven out of 10 center administrators (71 percent) estimate that most (50 percent or more) of those who use their centers have incomes that low, close to one out of three administrators (32 percent) reports that 90 percent or more center users are in this income range, and one out of 10 administrators reports that all users of their centers are this poor. Less than one in every 10 (8.8 percent) reports serving no people with family incomes under $4,000. More than one out of three (34 percent) estimate that 25 percent or more of those who use their centers are in families with incomes of less than $2,000 a year. Census Bureau data for 1968 indicate that only 5.2 percent of families in the United States had incomes this low.

Not only are more poor people served, but, with few exceptions, centers tend to serve proportionately more poor people than live in the neighborhoods they serve. Except for five centers whose administrators report that all of their neighborhood residents are poor but not all of the people they serve, and except for those neighborhoods where between 95 and 99 percent of the residents are poor, centers invariably serve proportionately more poor people than live in their neighborhoods.

How accessible are centers? Only 1.3 percent of all centers are open less than 5 days a week, and 18 percent are open only the 5 days from Monday to Friday and have no evening hours. Most of the remaining 81 percent of the centers make some effort to extend hours into the evening or to be open on one or both weekend days. More than one out of three (36 percent) are open 5 days a week and at least one weekday evening, and more than two out of five (44 percent) are open Saturday or Sunday or both days in addition to weekdays. At the extreme of effort to serve those in need whenever they need service are the 5.3 percent of the centers that are open 7 days a week and every evening.

What services do centers provide? In addition to the direct services provided by all centers, at least nine of every 10 operate referral (95 percent), information (95 percent), and outreach (92 percent) programs. More than eight of every 10 provide for followup services (86 percent) and three-fourths engage in social action (77 percent) and client advocacy (76 percent). Of the multiservice centers reporting on whether emphasis on such programs had increased since January 1968, about three-fourths said they were placing more emphasis on social action (75 percent) and outreach (73 percent) activities; nearly two-thirds on client advocacy (67 percent), information (65 percent), and direct service (64 percent) programs; over six of every 10 on referral (61 percent) activities; and nearly six of every 10 on followup (57 percent) activities.

When asked whether they expend effort in any one of three activities directed at the community or neighborhood rather than at individual clients, eight out of 10 centers (79 percent) report giving at least some effort to such activities as "organizing citizen groups, tenant organizations, buyers clubs, clean-up campaigns," or other "neighborhood development" activities and more than one out of three (37 percent) report giving much effort to such activities. Almost nine out of 10 (88 percent) report giving at least some time to such activities as "planning and coordinating local services, modifying agency policies and practices" or other such "community planning" activities, and more than one out of three (37 percent) report giving much time to such activities. In contrast, less than two out of three (63 percent) report that they give at least some time to such "social change" activities as "mobilizing political power, conducting voter registration drives," or other activities directed at "changing the system," and only one out of five (20 percent) reports giving much time to such activities.

Among the centers whose administrators judged the relative effectiveness of the three kinds of activities (about two-thirds), neighborhood development activities are considered the most effective by 38 percent, community planning activities by 26 percent, and social change activities by only 14 percent. More than one out of five (23 percent) could not judge which activity is most effective.

What kinds of direct services are provided? Though all the centers offer at least two services, the kinds of services they provide vary considerably. Some eight of every 10 offer some form of counseling service (82 percent), but fewer than two in 10 provide public assistance eligibility determination (18 percent) and vocational rehabilitation (16 percent) services. In addition to providing counseling services, most centers offer educational (74 percent), recreational (69 percent), and employment (57 percent) services. About four of every 10 provide health (43 percent) services, services to the elderly (39 percent), and welfare (39 percent) services. Close to three in every 10 offer housing (35 percent), consumer (31 percent), and child welfare (29 percent) services; a fourth provide legal (26 percent) services; and just slightly more than two of every 10 determine

eligibility for Medicaid (22 percent). Note that seven in every 10 centers (71 percent) provide at least one SRS-related service; that is, they offer one of the following: vocational rehabilitation, medical assistance eligibility determination, welfare, public assistance eligibility determination, child welfare, or services to the elderly.

How much time is spent in various activities? Nearly two-thirds of the centers spend 40 or more manhours a week—an amount of time equivalent to at least a week's work for a full-time staff worker—in providing direct services (63 percent). Nearly half spend as much time in outreach (48 percent), and more than three in every 10 spend 40 or more manhours in direct social action (37 percent), referral (36 percent), information (36 percent), followup (32 percent), and client advocacy (30 percent) activities.

How much time is spent in direct service? As mentioned, more than six in every 10 centers spend 40 manhours a week in actively providing direct service to their clients. The availability of specific services, as measured by days of service provided, varies from center to center. Six in 10 (61 percent) provide counseling services at least 5 days a week. More than four in every 10 provide recreational (48 percent), educational (44 percent), and employment (43 percent) services at least 5 days a week. More than a fourth provide welfare (26 percent) and housing (25 percent) services; and more than a fifth provide child welfare (23 percent) services, health (22 percent) services, and services to the elderly (21 percent). One or two in every 10 centers provide consumer (16 percent), medical assistance eligibility determination (15 percent), legal (14 percent), public assistance eligibility determination (13 percent), and vocational rehabilitation (10 percent) services at least 5 days a week. Very few provide such services 6 or 7 days a week; but, again, there is considerable variation among the specific services.

How many workers are employed? Centers also vary considerably in the size of their professional and semiprofessional staffs. Nearly four in every 10 (38 percent) employ 10 or more full-time professional and semiprofessional workers; a third (33 percent) fewer than five;[6] and nearly three of every 10 (29 percent) between five and nine. One or two of every 10 centers (15 percent) employ 15 or more full-time paid professional and semiprofessional workers. The number of staff members grew in more than four of every 10 centers (44 percent) between January 1968 and January 1970 and doubled in more than a 10th of all centers (13 percent).

What are staff characteristics? Center staffs include both professionally trained workers and workers without specialized training (semiprofessional workers) and both part-time and full-time workers. Only 16 percent of all centers operate without at least some semiprofessional workers, and only 28 percent with no part-time workers. Still fewer operate entirely with semiprofessional staffs (7.1 percent) or entirely with part-time workers (3.2 percent). Overall, in only slightly more than half the centers (52 percent) are there more professional than semiprofessional workers, but in four out of five centers (80 percent) full-time workers outnumber part-time workers.

What proportion of center staff members are on loan from other agencies? Neighborhood centers are often thought of as conveniently located places to which low income people needing services can go in preference to the centralized agency located at a greater distance. This idea implies that workers of various agencies are assigned to such centers. But only one out of three centers (34 percent) has workers employed by other agencies. Such workers constitute half or more of the total staff in less than one out of 10 (9.8 percent). A few centers (2.5 percent) are manned exclusively by staff members from other agencies.

How much money do centers spend? Nearly six in every 10 (59 percent) centers reporting how much they spend (737) have annual operating budgets of $50,000 or more; nearly a fourth (24 percent) have budgets ranging between $50,000 and $100,000; and more than a third (35 percent) of $100,000 or more.[7] Fewer than one center in 10 has a budget of less than $10,000 (5.4 percent) or of $500,000 or more (7.3 percent). Of the centers having staff members on loan from other agencies who reported such data, nearly half (48 percent) estimate the value of such services at less than $10,000. Nearly four of every 10 centers (39 percent) estimate the value of such services between $10,000 and $50,000; more than a 10th (13 percent) at $50,000 or more. More than half (56 percent) report an increase in operating budgets since January 1968. About a 10th (9.7 percent) report that their budgets doubled during the preceding 2 years.

What proportion of center financial support is Federal? Nearly two-thirds (65 percent) of the centers providing

information on their operating budgets receive support from the Federal Government; of these centers half (51 percent) receive between 75 and 99 percent of their support from the Federal Government and nearly a fifth (17 percent) are supported wholly by Federal money. More than one in 10 (13 percent) receive between 50 and 75 percent and about one in five (19 percent) receives less than 50 percent of its support from the Federal Government.

How many persons are served? In 1969 well over half (56 percent) of the centers served 2,000 or more persons. About a fourth (25 percent) served fewer than a thousand, and more than one in 10 (14 percent) served 15,000 or more. The number served had gone up for more than eight of every 10 (82 percent); for slightly more than a third (35 percent), the number had actually doubled since January 1968.

Data were developed for those services that were provided to 50 or more persons during October 1969. Close to half (45 percent) provided recreational services to 50 or more persons, and slightly more than a third served a like number through counseling (35 percent) and educational (35 percent) services. Fewer than a fifth provided health (19 percent) and employment (17 percent) services to 50 or more persons, and one or two of every 10 centers provided services to the elderly (15 percent) and welfare (13 percent) and consumer (12 percent) services during the same month. Fewer than one in 10 served 50 or more persons through child welfare (8.6 percent), medical assistance eligibility determination (6 percent), housing (5 percent), legal (4.8 percent), public assistance eligibility determination (3.6 percent), and vocational rehabilitation services (2.7 percent). With only one exception, moreover, the rank order of center services remained virtually the same as between those that served 50 or more and those that served 100 or more persons during October 1968.

How many centers have policymaking boards? Three-fourths (75 percent) of all centers have policymaking boards of directors. Four of every 10 (39 percent) boards have fewer than 20 members, slightly more than half (52 percent) between 20 and 40 members, and nearly a 10th (9.2 percent) at least 40 or more members.

To what extent do neighborhood residents participate in center activities? Broadly speaking, neighborhood residents can "participate" in the centers in one of three ways: as users of the center programs and services; as staff workers or volunteers; or as members of advisory committees or boards of directors. Here we consider only the resident roles of paid workers and policymaking board members. The data indicate that for more than two out of three centers (67 percent), at least 25 percent of their semiprofessional workers live in the neighborhood; and that for exactly half, at least 25 percent of their professional staff members live in the neighborhood. For the 706 centers that report having policymaking boards of directors, more than two out of three (71 percent) report that at least 25 percent of their board members live in the neighborhood, and virtually all (95 percent) report that at least one board member lives in the neighborhood. Thus, where neighborhood people are represented among center staff and board members at all, they are represented in significant proportions. However, these facts remain: four of every 10 centers (41 percent) have no full-time semiprofessional workers living in the neighborhood; more than a third have no full-time professional workers living in the neighborhood; and another third (34 percent) (including the quarter without such boards) have no neighborhood residents serving as board members.

The centers in summary

From these data we can see that most of the centers surveyed[8] in the National Inventory of Multi-Service Neighborhood Centers have these features:

–They were established since 1965 (62 percent). They are open weekdays and at least one evening or weekend day (81 percent).

–They operate with annual budgets falling between $20,000 and $200,000 (67 percent).

–They receive some support from the Federal Government (65 percent). They report a rise in their operating budgets for the past 2 years (56 percent).

–They are located predominately in metropolitan areas (83 percent), especially in areas of 250,000 or more population (68 percent).

–They serve areas with populations between 5,000 and 100,000 (64 percent).

–They are located in areas where most families earn less than $4,000 a year (57 percent).

–They offer programs of referral (95 percent), information (95 percent), outreach (92 percent), followup (86 percent), social action (77 percent), and client advocacy (76 percent).

–They provide a combination of direct service, social action, and client advocacy programs (67 percent).

–They offer between three and nine direct services (74 percent).

–They provide counseling (82 percent), educational (74 percent), recreational (69 percent), and employment services (57 percent).

–They offer combinations of counseling and educational services (72 percent), counseling and recreational services (59 percent), and recreational and educational services (58 percent).

–They serve a variety of age, income, and ethnic groups.

–They served between 500 and 15,000 persons in 1969 (74 percent).

–They serve a disproportionate number of poor people and a disproportionate number of Negroes.

–They report an increase in the number of persons served over the past 2 years (82 percent).

–They employ between three and 24 full-time professional and semiprofessional workers (71 percent).

–They are staffed predominately by full-time workers (80 percent) and by professionally trained workers (52 percent).

–They have no workers on loan from other agencies (67 percent).

–They have policymaking boards of directors (75 percent) with 10 to 34 members (74 percent).

–They have at least 25 percent of their professional staff members living in the neighborhood (50 percent).

–They have at least 25 percent of their semiprofessional staff members living in the neighborhood (67 percent).

–They have at least 25 percent of their board members living in the neighborhood (71 percent).

What does it all mean?

So six in every 10 centers were established since 1965. Three quarters have policymaking boards. One of 100 serves areas in which American Indians are in the majority. But what are we to make of these data? Subsequent analysis will discover whether centers supported exclusively by government funds differ from centers supported exclusively by voluntary sources in programs, services, employment practices, kinds of people served, and the like. We will be able to examine, for example, whether predominately professional staffs and predominately semiprofessional staffs emphasize different programs and meet different needs of neighborhood residents. We will see what difference it makes whether board people or staff workers live in the particular neighborhood served by the centers. All well and good—but what do the preliminary findings reported here tell us? What have we learned? Just this:

Clearly, centers are located in predominately low income neighborhoods and tend to serve the poor of these areas in disproportionate numbers. Centers seem also to serve disproportionately large numbers of Negroes—who, because of discrimination and greater poverty, undoubtedly have greater need for the services such centers can provide than the majority white population. Apparently, Negroes are more fully prepared than other minority groups to use the services multipurpose neighborhood centers offer when available. Members of other minority groups are either reluctant or unable to use such centers unless the minority to which they belong constitutes a relatively high proportion of the neighborhood's population.

Neighborhood centers are reaching and serving more people than ever, but they are not available in sufficient number to people living in small cities and towns and rural areas. Most centers, as we have seen, are located in the largest urban areas. The apparent disparity is even greater than the study indicates because the kinds of centers excluded from the study are also relatively urban phenomena. Moreover, if a third of all centers are serving areas as large as 50,000 or more population, many of their services may be as "out of reach" and unavailable to significant portions of the persons living in the areas as were the centralized agencies so often criticized as being inaccessible. It is also clear that certain regions of the United States are underserved. The Southern and Southwestern States, for example, have disproportionately more poor families than the Northern industrial States but have fewer neighborhood centers.

Some programs and services are more available than others. Nearly all multiservice centers offer information and referral programs, for example, but only three of every four engage in social action or client advocacy. More significantly, perhaps, though most centers provide counseling services, SRS-related services such as determination of eligibility for public assistance and Medicaid—as well as vocational rehabilitation services—are much less available than other kinds of services. And though other services such as health and legal services and services to the elderly are not routinely available in the centers, the fact that they are provided in neighborhood health centers, neighborhood law offices, and senior citizens' centers—all excluded from the present study—suggests the likelihood that such services are more generally available to community and neighborhood residents than our data indicate.

Efforts to pool facilities and share precious manpower—thereby making the availability of services more nearly comprehensive—are not widespread. The image of an accessible agency into which special staffs from different community agencies are placed is just not reflected in most neighborhood centers. Two of every three use their own staffs exclusively, and though many could provide a range of services—indeed, most centers report offering five or more—it is unlikely that they use specialists, at least not the kinds of professional workers usually identified with the traditional agencies. And, again, though subsequent phases of the study will shed more light on these issues, where multiservice centers rely on their own staffs exclusively, one of three assumptions might be made: the services are available nowhere else in the community—unlikely; the services are being duplicated by staff workers who are just as experienced and capable as workers employed by the agencies traditionally identified with the service—not very likely; the same staff workers provide different services at different times to different persons—some services at least to which they bring no special skill—very likely.

Though programs and services are becoming more generally available, the demand for services may be outstripping center capability. On the one hand, eight of 10 centers report an increase in the number of persons served over the preceding 2 years; on the other, only five in 10 report an increase in budget and only four in 10 report an increase in staff. Moreover, though

a third of the centers report that the number of persons served doubled, only one in 10 reports a doubling in the number of staff members or budget. Though such rates may represent a national adjustment of resources and services over this time period, it is also possible that centers may be having to do more and more with relatively fewer resources. Clearly, if this situation continues to obtain, something will have to give. Otherwise, resources will be spread thin—programs and services cut back. Broadly speaking, the alternatives would be such that centers would give less and less to more and more persons or reserve their goods for selected clients—either picking or choosing in line with available resources or arbitrarily stopping the flow of persons requesting service. At either point, centers would begin to resemble traditional bureaucratic agencies and thus defeat their purpose.

Neighborhood residents appear to play only minimal roles in directing and operating centers. Membership on boards is one way residents can reflect their desires and influence decisions. But a quarter of all centers have no boards at all; and though virtually all centers that have boards have at least one member living in the neighborhood, only in half of such centers do neighborhood residents make up the majority on the board. Employment as staff workers is another avenue of influence for neighborhood residents. The data indicate that such workers, perhaps predictably, are more likely to be semiprofessional than professional and, for this reason, wield less influence. Moreover, the quarter of the centers that employ neighborhood residents as full-time professional workers employ only one such person—hardly a "force" to be reckoned with.

Of special interest to the Social and Rehabilitation Service is the finding that SRS-related services are provided by relatively few multiservice neighborhood centers. Child welfare services and services for the elderly, determination of eligibility for Medicaid or for public assistance, and, especially, vocational rehabilitation services are provided by few centers. The ease with which services may be decentralized into such centers varies, of course, from program to program. Some services are already more available and accessible than others; some others are typically provided in forms excluded from this study (for example, the kinds of services available to the elderly in senior citizens centers); other services are mandated and tied to structures not easily moved; and still others plainly require more specialized equipment and workers and serve more restricted caseloads. Apparently, SRS-related programs and services have not yet found a way to use the mechanism of the multiservice center as a means of significantly extending SRS services to broader groups of potential users. It is perhaps in this aspect that SRS could and would need to improve its capabilities.

IN APPROACHING THE PROBLEMS of the persons they serve, as we have seen, centers seem to stress acting on the person served and responding to his problems directly rather than trying to exert pressure on society and its institutions so as to produce changes that would broadly, if indirectly, benefit larger segments of the population. And though a significant proportion of centers engage in social action, the type of action stressed is that of improving or developing the neighborhood or planning for the more effective coordination of services rather than the kind of social and political action that would try to "change the system."

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[1] *For a recent review of research in this field, see Edward J. O'Donnell and Marilyn M. Sullivan, "Service Delivery and Social Action Through the Neighborhood Center: A Review of Research,"* Welfare in Review, *Nov.-Dec. 1969, pp. 1-12.*

[2] *The procedure for estimating the number of centers may be described as follows: a universe of 3,358 multiservice neighborhood centers was identified through lists and directories provided by Federal agencies (for example, the Department of Labor; the Department of Health, Education, and Welfare; the Department of Housing and Urban Development; and the Office of Economic Opportunity) and national voluntary organizations (for example, the National Federation of Settlements and Neighborhood Centers, the Family Service Association of America, the National Urban League, the United Community Funds and Councils, the National Conference of Catholic Charities, and the American Public Welfare Association) and the screening of local departments of public welfare; councils of social agencies; and Urban League, Catholic Charities, and Family Service agencies. Of these 3,358 centers, a systematic sample of 2,530 (roughly three out of four) was drawn and mail questionnaires sent to center directors. The first and subsequent mailing yielded responses from 1,020 centers, of which 739 (73 percent) conformed to our definition of a center (that is, they offered two or more direct services full time to broad segments of the neighborhood population) and were unduplicated. From the 1,510 centers from which we had no response, a random sample of 395 was drawn and telephone interviews attempted with their directors. Responses were obtained from 355 centers, of which 277 (78 percent) proved to be multiservice neighborhood centers. Using these samples and proportions and projecting to the universe of identified centers, a total of 2,518 multiservice centers was estimated for the contiguous United States. Selected responses to the mail questionnaire were compared with the telephone interviews and found to be quite similar—yielding further confidence in our data, inasmuch as the persons who did not respond to the mail questionnaires proved to be similar to those who did. For the analysis and presentation of the data, the mail and telephone samples were combined to total 969 multiservice neighborhood centers.*

[3] *This region also includes Puerto Rico and the Virgin Islands, but these were not part of the sample.*

[4] *This region also includes Guam, American Samoa, the Pacific Islands, and Wake Island, but these were not part of the sample.*

[5] *These estimates are offered with caution as estimates of size of population and subsequent estimates are based on the judgments of center administrators and may not reflect objective evidence.*

[6] *These figures represent combinations of full- and part-time professional workers and semiprofessional workers expressed in full-time equivalents.*

[7] *Nearly a quarter (24 percent) of the centers either did not know the answer to this question or did not answer it.*

[8] *Unless otherwise indicated,* most *means more than a half (over 50 percent) of the centers.*

Reaching Rural Alaskan Natives Through Human Services Aides

Frances Lomas Feldman

But how do you get around?

Sometimes, maybe in July, August if water and weather not too bad, I use skiff. After freezeup, snogo. Maybe fly on mail plane. Some still use dogsled. But many times I walk in summer; is only way. Like last summer, some people were in fishcamp 8 miles from my village. It's 8 hours walk. It took 2 days to get there and 2 days to go home. I have to sleep out. When I wake up there is musk ox. No revolver. I wait; he goes, then I go.

It seems to me life in the villages is pretty rugged. Why do people stay there? You are young; why do you?

We born there; that's why we live there. It is our home.

–Excerpt from tape of proceedings of section on "What's New and Creative in Service Delivery" during the Conference on Social Service Delivery, Evaluation and Demonstration, April 26-28, Pacific Palisades, Calif. The conference was sponsored by the Regional Research Institute in Social Welfare of the University of Southern California School of Social Work and the San Francisco Regional Office of the Social and Rehabilitation Service (SRS), U.S. Department of Health, Education, and Welfare (HEW). The conference comprised the directors of State welfare, rehabilitation, and research activities in the Western States (HEW's Regions IX and X) and the directors of and professional workers from the nine SRS Regional Institutes in Social Welfare.

Walking 2 days to a fishcamp and 2 days home again to help villagers with social service problems is not too much to ask if there is no other way, most of Alaska's Human Services Aides will tell you. As employees of the Alaska Division of Public Welfare, their job is to bring human services to Alaskan "Natives"–Eskimos and Athapaskan Indians. Born to the hardships of the near Arctic, these Native Aides love their homeland and their fellow Natives with almost fierce devotion. How great the demands of their work, how great their devotion came into sharp focus when two Aides spoke during a panel on "What's New and Creative in Service Delivery" at a conference held last year in California. What they had to say (see lead above)–the first an Eskimo, the second an Eskimo-Athapaskan Indian–brought silence to the listeners and then ringing applause. For the dignity and conviction in the soft replies left no doubt that here was epitomized the oneness of man and nature, of man coming to terms with a harsh and awesome environment, demonstrating the adaptability without which he could not survive in a hard land. Their very presence spoke for their love of the land that had nurtured them and their forebears and for their commitment to bringing its people new ways of coping with the problems of living in one of the most rugged regions of the United States.

These two men, with 16 other Eskimos and one other Indian, were the heart of a rural Alaskan demonstration project supported under Sec. 1115 of the Social Security Act by the Social and Rehabilitation Service (SRS) of the U.S. Department of Health, Education, and Welfare. This demonstration, the Rural Areas Social Services Project (RASS), became operational in December 1968; by December 1970, when Federal support ended, it had met its objectives to the point that the Alaska Division of Public Welfare incorporated the use of Natives as aides to meet social needs in remote rural villages into its regular programs.

The contents of this article are drawn from the comprehensive report of the evaluative research. The material touches on several aspects particularly selected for inclusion here: the providers of service, the evaluation methods used, understanding the needs of the villagers and their villages, the responsiveness of services to social need, and clues to outcomes and issues.

Mrs. Feldman is Professor of Social Work and Research Affiliate, Regional Research Institute in Social Welfare, School of Social Work, University of Southern California. The Institute is sponsored by the Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, through its Region IX office in San Francisco.

The providers of service

The more than 60,000 square miles of tundra, rivers, and mountains comprising the RASS area in Southwest Alaska contain more than 60 Native villages with populations ranging from under 25 to nearly 600. In addition, one community, Bethel, has about 2,000 residents. Most of the 14,000 persons in the region are Natives. Their villages straggle along the Bering Sea coastline or along the Kuskokwim and Yukon Rivers. Outside of Bethel, the few means of communication and transportation the villagers have are often haphazardous and whimsical.

Concerned with the difficulties imposed by geography, culture, and lack of trained workers, the Alaska Division of Public Welfare used the medium of the demonstration project to recruit and train indigenous people from the villages in the selected rural region as social service assistants to live and work in their home villages and, in some instances, to serve neighboring villages. The Native social service assistants—later called Human Services Aides (HSA)—were to perform a variety of tasks in the delivery of financial and social services and in community development.

Ten HSA's from Kuskokwim River villages (including the coastal villages) and nine from Yukon River villages were recruited and provided 9 months of training: two "academic" training periods (that is, planned sequences of formal classroom lectures and discussions and supervised field observation and experience) separated by 4 months of on-the-job training in the villages. Each group had a supervisor. A project director, a training supervisor, and clerical aides located in Bethel completed the project staff. With two exceptions, each Aide was responsible for two or more villages and 50 villages were covered by the project.

The HSA's of necessity relied considerably on their training and innate talents and creativity to carry out their functions. For distances, absence of telephone or radio communication, and weather conditions, combined with very limited modes of transport, meant that they were isolated from continuous supervisory and other resources.

Thus the Division of Public Welfare relied heavily for intraproject and intra-agency communication on memorandums and reports.

Except for the Aide in Bethel, who was born in another community, all were native to the villages where they lived and worked. They ranged in age from 22 to 59 at the outset of employment with the project. Work experience varied in length from 1 to 10 years and was typical of the region: seasonal subsistence hunting and fishing, cannery work, fire fighting. All but six were married and had children; the three women Aides had one, six, and eight children.

Two Aides had not reached fifth grade; about half had some high school education; three had completed 12th grade; and one had some college work. As for most people in their villages, English was a foreign language for most of them: some found writing a considerable burden; some spoke only broken English. The connotation of words, especially words reflecting abstractions, was troublesome and, like Natives in some of the villages, several had little trust in the *gussak*—white man—and a guardedness in their relationships with outsiders that sometimes crept into interviews and reports.

Most Aides are leaders in their communities—members or presidents of their village councils, former magistrates or other officials, renowned hunters, or persons respected for wisdom and experience. To their HSA roles they brought intimate knowledge of the Native people and villages; understanding of their culture, needs, and aspirations; sensitivity to the opportunities and threats of technological changes; and dedication, tempered by practical ingenuity, to increasing the well-being of their fellow villagers.

The evaluation methods

Early exploration by the evaluation research team, including field work to gain firsthand understanding of the milieu and circumstances that might affect the RASS demonstration and its evaluation, supported the idea that traditional evaluative methods or criteria for assessment of effects and effectiveness could not be usefully applied to a demonstration in rural Alaska. There is little guiding knowledge based on research about the life styles of various peoples and villages comprising the RASS population; and the vast geographic area of the project made field contacts and direct field supervision virtually impossible. Yet the identification and classification of needs and problems and relevant services or social interventions had to be geared to the customs, circumstances, and capacities evidently characteristic of the region. Moreover, every data-collecting instrument had to be adapted to the capacities and responses of agency and project staff members, the HSA's, and the persons served.

Several research procedures were instituted to evaluate the five separate but interlinking aspects identified for evaluation within the whole demonstration. Some of

these instruments and processes were designed to yield data for more than one aspect. These included simple reporting forms for the Aides' case service actions and community activities and for the supervisors' activities. The Aides made baseline surveys of 22 of the 50 villages to gather historical and other material not elsewhere recorded. In the absence of local data on the community, each Aide was given photographic equipment to record on film their villages and village life. The researchers conducted three series of structured interviews with the Aides; a RASS social worker interviewed a sample of 105 villagers receiving public assistance; villagers interviewed a sample of other villagers; the researchers reviewed a sample of case records as well as 51 brief process recordings the HSA's made for the research team; all correspondence within, from, or to the agency about RASS activities was reviewed; and formal and informal interviews were conducted with the staffs of RASS and the Division of Public Welfare and with persons outside the agency who touched the project in some way.

Using certain inferences drawn from the preliminary explorations and examinations of early research reports and other documents, a conceptual framework was developed for the assessment of the RASS data and a classification of social needs and services was developed. The purpose of the evaluative research was to determine whether the several objectives of the RASS proposal had been achieved and what elements appeared to have helped or impeded achievement. Within this context, these are some of the points taken into account.

- In the RASS area there are different levels of need and want to which the "survival" level is basic, revolving as it does around the fundamental, primitive task of sustaining life by access to food, shelter, and protective clothing.

- Until there is some respite from the struggle for survival, a person can usually divert little or no physical or emotional energy into correcting, alleviating, or preventing needs or problems–let alone achieving self-realization.

- The problem of helping mobilize Native resources and energy beyond the first level is compounded because the struggle for survival is pervasive among them throughout the year.

- Many ways exist for meeting social need; no single method is best for meeting all kinds of problems or even some problems in various cultural or community settings.

- The best persons to solve problems in remote and isolated communities might be those with inherent and commonsense capacities for innovation and accommodation to adverse conditions without benefit of supervision by or consultation with others.

- There are variations among HSA's and villages and within villages.

- The assessment of how social need is met, whether by families or villages, should be sensitive to the reciprocal relationship of the people and their physical environment, a relationship from which their life styles have evolved over centuries and through which certain kinds of strength have endured.

- The focus of the evaluation research should not be on pathology but, rather, on the kinds of strength with which solutions to problems can be cemented.

The 859 case service action reports (R-1's) turned in by the 19 HSA's furnished both quantitative and qualitative data about the Aides and their work with persons and families in their villages. The HSA's duties included extending financial support services to eligible needy families and persons as well as "extensive" social services whether or not money was needed. On the R-1's they recorded each recipient contact or episode of service. Entries on the forms yielded information about such questions as these:

How much service action was undertaken? What kinds?

What differences are there among Aides or villages?

What kinds of problems or needs received service?

What kinds of cultural adaptations or innovations do Native workers make in helping villages?

What can we learn from the Aides' service experience that has meaning for recruitment and training?

Understanding the villagers and their villages

Results of the analysis of the 859 R-1's support this early research supposition: though the concept *problem* has a definite meaning for social workers and the classification *problem* for social researchers, they have little meaning for the Aides. From *what* a HSA did, *how* he did it, and *what* precipitated him to help, inferences could be drawn about the wants, needs, and problems of persons and families in the RASS villages. For example, the Aides' duties included contacting public assistance recipients to complete a mandatory social survey or recertification of eligibility. In performing this duty, the HSA's rarely did more than indicate on the R-1 the category of aid. They pragmatically accepted the fact that basic needs have to be met by public assistance when jobs or work possibilities in the village are practically nonexistent and when subsistence hunting or fishing is impossible for the older or incapacitated villager or fatherless home. But when the "problem" was

out of the ordinary they did record the fact—for example, when an unemployed employable father could not qualify for help under the program of aid to families with dependent children (AFDC) because Alaska does not have an unemployed-parent segment in its AFDC program, or a person who became disabled could not receive aid to the permanently and totally disabled (APTD).

Table 1 shows the number of contacts with public assistance recipients and nonrecipients reported by the Aides. Of the reports 327 clearly indicated a need or problem. These fell into six categories, as shown in table 2, classified by the primary problems presented.

Table 1. R-1 reports showing number of persons receiving or not receiving money aid

N = 859

Type of aid	Number of reports on persons served[1]	Percent of N
Continuing categorical aid	513	59.72
Applicant for categorical aid or new recipient	119	13.85
No public assistance	220	25.61
Unable to determine	7	.80

[1] *Several reports pertained to single persons with whom there were multiple contacts.*

Table 2. Classification of needs and problems reported on case service action reports (R-1)

N = 327

Needs and problems category	Number of reports	Percent of N
Unemployment or underemployment	56	17.1
Health, accident hazards requiring treatment	97	29.7
Physical illness	42	12.9
Accidental injury	14	4.3
Drinking	32	9.8
Other	9	2.7
Children	88	26.9
Abused, neglected	17	5.2
Removal from home	3	.9
Adoptions-guardianship	55	16.8
Return to home	6	1.8
Other	7	2.2
Housing	32	9.8
None available	4	1.2
Inadequate	25	7.7
Other	3	.9
Income-related	32	9.8
Unemployability	13	4.0
Mismanagement of money	13	4.0
Other	6	1.8
Educational obstacles	22	6.7
No school resources for children	11	3.3
No job training resources	11	3.3
Total	327	[1] 100.0

[1] *Percentage rounded off.*

The Aides' entries had to be "translated" from their perception of the problem to that of the larger society, with its Calvinistic attitudes. Natives, for instance, do not necessarily view heavy drinking with alarm until it leads to abuse or neglect of children, wife-beating, mismanagement of income (that is, spending it for liquor), neglect of housekeeping, or other forms of violence or neglect of duty to others. Alcoholism for them is not a "problem" per se but its consequences to others may be. Similarly, out-of-wedlock pregnancy is viewed on the whole as a reality—it already is. The pregnancy is not condoned, but the problem is not the illegitimate birth but that the mother—or the grandparents who may take the child—are without income to meet family needs. About a mother who had given birth to a child out-of-wedlock, an Aide wrote: "I discuss with her briefly what she gonna do with the baby, she said she's going to keep him, regardless, the baby is more welcome in the family." Another wrote of a similar case in his load, "Her and her little daughter need the help like most clients do."

Only a few case action reports referred to lack of job opportunities. Usually such need was inferred from a denial or an explanation of why an unemployed needy father could receive money only after referral to the Bureau of Indian Affairs. That the Natives have high regard for work and persons who work is clearly discernible in these reports. They certainly expect an able-bodied person to do subsistence fishing, for example. Hazardous work is still compatible with their culture, and light work—when available in season—is frequently mentioned for the disabled. Unemployment and underemployment are the problems most frequently mentioned.

The second largest group of needs and problems concern physical illness or accidental injuries requiring treatment that often render the recipient too disabled to pursue normal subsistence activities. It is an area of many accidents because of the unremitting hazards.

The next largest group of needs and problems center on children, especially the legalization of Eskimo adoptions, both inside and outside the villages, and the protection of abused, battered, or neglected children.

Responsiveness of services to social need

The analysis of the case service action reports was predicated on the expectation that service should be related to a need, want, or problem that the family or an individual Native presents or agrees—in whatever manner expressed—to pursue. Without a doubt, the service activities of the HSA's were responsive to a clear need, as these exerpts from reports point up:

Used my skidoo [snowmobile] and sled to retrieve "gunshot wounded" [to get him back to the village and thence to the hospital in Bethel] .... Family referred for G.R. [general relief] under the BIA [Bureau of Indian Affairs] program which is handled by the village council.

. . . . . .

Mr. and Mrs. A drunk and leave their kids in their home and went to [another village]. So somebody in the village asked me to check them kids .... I went over to their house and saw two kids crying, little baby on the floor .... I looked around to some one who can take care of these kids so I didn't find anybody ... so I take care of them.

. . . . . .

I talk to him [a deaf-mute teenager in foster care] and ask him in writing why he has been acting like he does all summer. Drinking and unsettled. Found out he feels nobody likes him here. Wants me to help him get started, school or work .... Found he was intelligent and needs guide to where he may get help .... We have couple agencies working with him now to go to college. Things are rolling now.

The service actions fell into three groups: *single objective, episode of service,* and *treatment or training model* (sequential service). The *single objective* was a concrete service, primarily eligibility determination or redetermination, help with food stamps, or referral to the Bureau of Indian Affairs for general relief. The objective was clearly to provide the family or person with income; case actions were prescribed, the Aide following the rules. This category also included concrete service of another kind that would help the person or family with a specific want or need other than income: referral for medical aid; writing a letter regarding a husband in the Bethel hospital; referring an old person to the village council for help in obtaining wood or oil; and so on. The Aide's actions were partly prescribed through training or supervision, the courses of action quite routine.

The five clusters and the service acts each comprised are these:

Clusters in order of increasing difficulty	Service act included
I. Translating, reading, writing	1. Read or translate letter or form 2. Help complete eligibility forms
II. Making communication easier, by explaining, assessing, responding to questions	3. Assess money needs, determine eligibility 4. Respond to recipient's questions 5. Make friendly visit to recipient 6. Monitor recipient's referral 7. Simple direction or referral 8. Contact others to get information
III. Exploring wants, supporting strengths, teaching, planning	9. Exploring and educating for choice 10. Refer recipient to resource but support and accompany him 11. Plan service followup steps and deliver help
IV. Diagnosing dysfunction, making continuing service plan	12. Warn person about inappropriate behavior 13. Plan next steps and write report about plan 14. Help recipient find best solution to his problem 15. Help family group talk about mutual problem 16. Identify common problems of several families and make appropriate use of resources to solve them
V. Gaining village, community, or administrative consensus for action	17. Identify similar problem that happens frequently, obtain consensus about action to take

Table 3 shows the distribution of case service actions by category of service method. Table 4 contains the five clusters of service tasks performed by the Aides, presented vertically, and the service methods already described, presented horizontally.

Outcomes and issues

Five evaluation aspects were assessed for the RASS demonstration. This article has presented only one segment of one of them. The generalizations that follow are drawn from that segment.

From the standpoint of whether the findings of the evaluative research undertaking pointed to achievement of the service aspects of the RASS demonstration, the evidence is strongly affirmative. At the same time, the analysis underscored the almost overwhelming obstacles confronting villagers and service-delivery workers in coping with problems of sheer survival and in endeavoring to channel energies and manpower and other

Table 3. Distribution of case service actions by category of service method
N = 859

Category of service method	Number	Percent of N
Single objective	561	65.3
Episode of service	257	29.9
Sequential service	41	4.8
Total	859	100.0

resources into effective coping efforts to correct problems and clear the way toward their prevention and the opening of opportunities for self-realization.

The investment of warm dedication, creativity, and innovative ability—even varying as these did in degree and kind with each Aide—yielded results that can only be viewed as positive: the provision of needed but otherwise unavailable human services in farflung, isolated communities with few resources. The fact that so much could be done in the face of the severe limits on accessibility of supervision by geography and communication is a particular tribute to the innate talents of the Aides, the readiness of the Natives to embrace healthful change, and the perseverance of the staff of the Division of Public Welfare.

But, though one-to-one service is beneficial and essential, the pervasiveness of some individual and family problems and needs suggests that the individual method must be offered in tandem with methods dealing with problems on a broader community scale. When individual or family needs add up to a social problem in the village or community, the best way to alleviate them may be to act on a more nearly comprehensive scale rather than tackling problems family by family only. (Although not discussed here, findings from the evaluation of the community development aspect of RASS appear to support the validity of this point—although not all Aides were engaged in community development activities.)

The findings from this evaluation segment—the direct services to families and persons—not only have meaning for the organization and delivery of services in rural Alaska but also some of the methods used and some of the questions that emerged have considerable generalization value. For example, it is clear that not all of the HSA's were able to comprehend quickly; cognition they certainly had, but they seemed not to use it to develop or tackle ideas. Is this true of other groups of people who must concentrate all their energy on the task of survival? What is its significance for identifying an effective and reachable goal, planning the measures for reaching it, and putting them into effect? What kinds of training are called for if human service workers are to be drawn from such groups? What kinds of supervisory and administrative supports do they require if they are to function productively not only in providing services to persons and families but also in helping the community perceive and cope with the social problems that individual needs and problems add up to?

Table 4. Service tasks performed by HSA's as reported on Case Service Action Reports, by service linkage and ranked clusters of tasks
N = 836

Service linkage	Total		I		II		III		IV		V	
	Number	Percent of N	Number	Percent of N	Number	Percent of N	Number	Percent of N	Number	Percent of N	Number	Percent of N
Single objective	559	65.3	341	39.7	183	21.4	13	1.4	18	2.1	4	.5
Episode of service	256	29.9	61	7.1	156	18.3	28	3.2	11	1.2	--	--
Sequential service	41	4.8	--	--	16	1.8	19	2.0	6	.7	--	--
Total	836	100.0	402	46.8	355	41.5	60	6.6	35	4.0	4	.5

THE RURAL AREAS SOCIAL SERVICES PROJECT not only has opened a door for service delivery in remote Alaskan villages, it has also opened windows through which to view more closely new horizons in service delivery.

Demonstration Projects in Public Assistance

Fiscal Year 1970

JUST UNDER 400 demonstration projects in public assistance, as authorized by Sec. 1115 of the Social Security Act, were approved by the U.S. Department of Health, Education, and Welfare (HEW) between fiscal year 1963 (July 1, 1962-June 30, 1963), when the program began, and fiscal year 1970, the latest complete program year. Of the 49 new projects approved in fiscal year 1970, 28 were for grants and 21 for waiver of State plan requirement, primarily the requirement that projects be statewide. In addition, 54 continuation applications were approved for grants, seven as waiver only projects, and eight for an extension of the approval period. Special Federal project funds for the projects obligated for fiscal year 1970 amounted to $1,187,481 for new projects and $2,812,519 for continuing projects.

Sec. 1115 authorizes the Secretary of Health, Education, and Welfare to make grants to State public assistance agencies to cover the cost of pilot, experimental, or demonstration projects aimed at improving the family life of public assistance recipients and moving them toward self-support. It also authorizes the Secretary to waive certain requirements, particularly that a project be statewide, for a worthwhile project. The program is administered by the Social and Rehabilitation Service (SRS).

Through the demonstration projects, State and local public assistance agencies demonstrate ways of improving services to recipients that should be incorporated into regular programs. Also, States use the projects to test new ideas in social and rehabilitation services concerning such aspects as work incentives, neighborhood centers, child protection, family planning, health services, State information systems, and data processing.

The projects active in fiscal year 1970 center on seven major SRS program fields. See table 1. They were distributed among 43 different jurisdictions, including the District of Columbia. For distribution by jurisdictions, see table 2.

The following is a brief outline of some of the projects in operation or new projects approved during fiscal year 1970. See tables 3 and 4 for all grant awards and waiver only projects. These selected projects concern social service delivery systems, health services, services for children, and data processing.

Table 1. Programs active in 1970, by primary program field

Primary program field	Number of projects			Total special projects funds obligated in fiscal year 1970[2]
	With SFP[1] grants	Without grants	Total	
Direct social services	57	18	75	$1,829,918
Medical services	6	1	7	210,406
Strengthened administration; program development	9	5	14	35,712
New administration methods	23	7	30	1,490,865
Manpower development and training	15	--	15	112,956
Preparation of public assistance recipients for self-support	11	3	14	320,143
Extension of eligibility or increasing assistance payments	2	1	3	--
Total	123	35	158	$4,000,000

[1] *Special Federal project funds.*

[2] *This column does not reflect obligations incurred in previous fiscal years. During fiscal year 1970, eight projects were extended and 21 projects involving waiver-of-plan requirements were approved. These projects did not require a special Federal project fund grant.*

Social service delivery systems.—During fiscal year 1970, Sec. 1115 funds supported 13 projects, including six continuation and

seven new, to experiment with new service delivery systems designed to increase the accessibility of services to users.

Two demonstrated a decentralized method of coordinating and delivering comprehensive social services: one through a decentralized community organization in a suburban community; the other through a computer-based service delivery system in a one-stop information and referral center and its subcenters that draw together community resources.

Two tested models for social service delivery systems: one experimented with a design predicated on a county-based local service unit; the other is testing a delivery system of social service supportive of the Family Assistance Plan (FAP).

Three demonstrated the comprehensive service center idea: the first through a home and family center; the second through a financial and home management service; and the third through a family life center. Two were in Model Cities areas.

Six provided services by residents of center neighborhoods to public assistance recipients in center areas. They employed public assistance recipients, particularly Eskimos, Indians, and Mexican-Americans, as subprofessional staff members.

Health services.—Six new projects tested methods of delivering health services to public welfare recipients. Four were in Model Cities areas:

- One experimented with a prepaid dental plan.
- One provided low cost prepaid health insurance.
- Two provided health care services through the use of case aides.
- One used a health care team.
- One developed a model health care system to provide prepayment reimbursement.

Services for children.—In this field 14 projects, including seven continuations and seven waiver only projects, demonstrated a broad spectrum of child development services, particularly new methods of providing day care services.

Data processing.—Five model State projects for public welfare data processing under the National Demonstration Program were in their 2d year in fiscal year 1970. Their purpose was to develop information systems for State, local, and Federal programs and to incorporate into the program the results of three organized case system projects receiving final grants in fiscal year 1970. The National Demonstration Program is the umbrella under which the demonstrations operate. Each profile State except one has a group of States assigned to it, known as the interstate group. These groups exchange system information with one another and serve as helpers to the profile States.

Table 2. Distribution by State of Sec. 1115 projects approved to begin or continue in fiscal year 1970

State	Number of waiver only projects (no grants)	Number of projects with grants	Total fiscal year 1970 obligation
Alabama		2	$62,635
Alaska		1	92,740
Arizona		2	48,809
Arkansas	1	3	74,430
California	3	2	258,291
Connecticut	1	2	92,946
District of Columbia		1	11,306
Florida	2	7	478,697
Georgia		2	159,943
Hawaii		1	28,850
Illinois		1	14,812
Iowa	1		
Kentucky	1	3	128,939
Maine		2	156,369
Maryland		3	179,082
Massachusetts	1	1	156,519
Michigan	1	1	44,399
Minnesota		3	163,208
Mississippi		2	27,103
Missouri		2	22,623
Montana		4	215,063
New Hampshire		1	8,085
New Jersey		1	104,258
New Mexico		2	60,120
New York	2	2	350,785
North Carolina	2	4	127,985
Oklahoma		1	32,013
Oregon		2	106,703
Pennsylvania	2	1	15,618
Rhode Island	1	1	87,254
Tennessee	1	2	46,546
Texas	4	3	105,487
Utah		3	88,330
Vermont	1	3	118,110
Virginia	1	4	54,586
Washington	2	6	261,424
West Virginia		1	15,932
Wyoming	1		
Total 38	28	82	$4,000,000

Table 3. Demonstration projects approved in fiscal year 1970 under Sec. 1115, Social Security Act: new and continued projects

State and project number		Title and purpose	Amount of grant
Alabama	11-P-57035/4-02 (448)	**Concerted community day care planning in Alabama.** To demonstrate how community resources can be developed, coordinated, and used to make day care available for all children, particularly AFDC children, needing daytime care while their mothers work.	$28,305
	11-P-57068/4-02 (544)	**Purchase of care for children in their own or relatives' homes and emergency services for children in need of protection.** To demonstrate the advantages of providing child care in the child's home or that of a relative and to provide emergency child protection services.	34,330
Alaska	11-P-57015/0-03 (337)	**Development of social services in rural Alaska.** To employ Native staff members to provide social services to current, former, and potential public assistance recipients.	92,740
Arizona	11-P-57002/9-04 (229)	**Operation First Step.** To demonstrate the value of using AFDC mothers who are trained as home management advisers to work with caseworkers on difficult public assistance cases.	22,357
	11-P-57003/9-04 (243)	**Special demonstration for the strengthening of public assistance services as they relate to Navajo agencies.** To demonstrate the value of intensive services to Navajo families and to test the value of services by Navajo-speaking workers who understand the needs and culture of the Navajos.	26,452
Arkansas	11-P-57013/6-02 (290)	**Legal services to the poor.** To employ five attorneys full time in districts throughout the State to provide legal services to public assistance recipients.	16,703
	11-P-57038/6-03 (459)	**Training of the unskilled and socially deprived in cooperation with the Arkansas Rehabilitation Center.** To provide training at the Center for 50 AFDC family heads or young people from 14 counties who are unable to qualify for other training programs.	35,596
	11-P-57050/6-02 (505)	**Summer youth opportunity project.** To employ some 55 AFDC young people during the summer, with the intention of retaining qualified young people as part-time, regular employees at the end of the project or returning them to school.	22,131
California	11-P-57063/9-02 (537)	**Model State Project for Public Welfare Data Processing.** As part of the National Automated Data Processing Plan being studied in four "profile" States, to design and put into use the best systems structures needed to support public welfare administration at the local, State, and Federal levels.	213,000
	11-P-57098/9-01 (586)	**Health care outreach project.** To employ a health care team to work with parents, day care facilities, physicians, dentists, and other agencies and persons to bridge the gap between parents and health care resources.	45,291
Connecticut	11-P-57032/1-02 (440)	**Housing improvement program of Hartford.** To offer a variety of services to improve housing and meet the needs of public assistance families.	57,062
	11-P-57067/1-02 (543)	**Legal services project.** To establish legal services for a set number of public assistance recipients.	35,884
District of Columbia	11-P-57116/3-01 (610)	**Relative effectiveness of social services.** To demonstrate the application of a relative effectiveness model and associated analytical procedures to the major service fields included under Title IV-A (AFDC) of the Social Security Act.	11,306
Florida	11-P-57014/4-03 (328)	**Homemaker services in nine counties in district #3.** To provide homemaker services to selected OAA, APTD, and AFDC recipients who are convalescent, chronically ill, or need better homemaking standards and skill.	17,174
	11-P-57016/4-04 (344)	**Development of an organized case system for public welfare.** As part of a national plan, to develop an organized case system for diagnosis, service planning, and implementation in public assistance.	67,524

State and project number		Title and purpose	Amount of grant
Florida—Continued	11-P-57033/4-03 (441)	**Family aide demonstration project.** To employ family aides to provide services to AFDC families as a complement to the services of the Jacksonville Parent-Child Center Program.	$37,543
	11-P-5742/4-02 (468)	**Youth opportunity coordinator project.** To employ a State coordinator to develop and coordinate employment and recreational programs for AFDC young people, especially during the summer.	8,077
	11-P-57053/4-02 (516)	**Tampa child care project.** To provide complete family day care services using community efforts to meet the needs of working mothers.	22,726
	11-P-57056/4-02 (525)	**Model State project for public welfare data processing.** See California, project No. 537.	225,667
	11-P-57093/4-01 (580)	**A model project for developing a computer-based social service delivery system.** To demonstrate a computer-based comprehensive social service delivery system predicated on a one-stop service center with staffs and supporting services.	99,995
Georgia	11-P-57070/4-02 (547)	**Georgia consumer affairs project.** To provide information to public assistance recipients and low income consumers to help them protect their interests and use their money as wisely as possible.	127,603
	11-P-57074/4-01 (548)	**Housing aid to the aged.** To demonstrate that a public welfare agency can serve as the catalyst in coordinating various types of housing aids and resources made available to local communities through HEW and HUD programs to improve housing for aged recipients. (A Model Cities project.)	32,340
Hawaii	11-P-57043/9-03 (469)	**Comprehensive social development plan.** To provide a statewide comprehensive social development plan for the improvement of social service delivery.	28,850
Illinois	11-P-57117/5-01 (612)	**Develop and test a model health maintenance organization.** To establish a cooperative venture between the State Department of Public Aid and the University of Illinois School of Medicine for demonstrating new methods of delivering health services as a basis for development of a prepayment model.	14,812
Kentucky	11-P-57028/40-3 (417)	**The promotion and development of education for social welfare personnel in Kentucky.** To increase the number of social workers with bachelor's degrees through programs to stimulate recruitment, training, use, and retention.	4,116
	11-P-57037/4-02 (458)	**Improvements to homes owned by AABD-AFDC recipients.** To demonstrate the value of a pilot project in four Eastern Kentucky counties under which material costing up to $500 may be purchased to repair the homes of 1,000 aged, disabled, and blind public assistance recipients, and 250 AFDC recipients.	119,629
	11-P-57039/4-02 (462)	**Services in the Neighborhood PA Involvement: Part I, Comprehensive Evaluation and Training Unit: Part II, Park-DuValle Neighborhood Service Center.** To enable the welfare components of the Louisville Neighborhood Service Program to use new service delivery methods; develop an interagency-intercenter method of solving social problems; improve public opinion of service agencies; and determine the quality and quantity of services delivered at the Center.	5,194
Maine	11-P-57018/1-04 (373)	**Development of an organized case system for public welfare.** See Florida, project No. 344.	6,206
	11-P-57059/1-02 (533)	**The Maine model State project for public welfare data processing:** See California, project No. 537.	150,163
Maryland	11-P-57001/3-03 (217)	**Community organization and services to improve family living.** To provide special health, housing, and family living services to large AFDC families to demonstrate that they can live better as a family when given money and social services sufficient to their needs.	78,174

State and project number		Title and purpose	Amount of grant
Maryland–Continued	11-P-57026/3-03 (406)	**Developing undergraduate education programs for college level personnel in social welfare in Maryland.** To increase the number and quality of social welfare educational programs, career lines, and recruitment programs.	$7,520
	11-P-57076/3-01 (552)	**A new team approach in rehabilitating disabled public assistance clients by the use of community service aides.** To demonstrate how the use of social service caseworkers, vocational rehabilitation counselors, and community service aides is increasing the number of disabled public assistance recipients who are successfully rehabilitated, and to determine the largest caseload size workers can carry under the team method.	93,388
Massachusetts	11-P-57025/1-02 (405)	**Linking, integrating and strengthening public welfare services in a neighborhood service center program.** To strengthen social services in a low income pilot city area, making these services more responsive to community needs.	156,519
Michigan	11-P-57101/5-01 (590)	**Consumer information services demonstration.** To insure that public assistance recipients, through training and involvement as consumers, increase their capacity for adjusting to and alleviating consumer abuses.	44,399
Minnesota	11-P-57005/5-04 (261)	**Development of an organized case system for public welfare.** See Florida, project No. 344.	35,724
	11-P-57034/5-03 (446)	**Social services to the elderly in the pilot city area of Minneapolis; emergency social services for residents in the pilot city area of Minneapolis.** To enable the Hennepin County Welfare Department to examine what social services can mean to the elderly; to establish emergency social services in a pilot area, measure the need for emergency services, and examine the relation between emergency health services provided by the Minneapolis Department of Health and the Hennepin County Welfare Department.	78,289
	11-P-57111/5-01 (603)	**Relative effectiveness of social services.** To demonstrate the application of a relative effectiveness model and associated analytical procedures to the major service fields included under Title IV-A (AFDC) of the Social Security Act.	49,195
Mississippi	11-P-57010/4-03 (285)	**Defined services for old-age assistance in selected counties.** To work toward the extension of social services in OAA throughout the State by using specialists in seven counties.	20,797
	11-P-57065/4-02 (540)	**Parent's aid program.** To use high school volunteers to provide after-school child care to children of present, former, or potential AFDC recipients.	6,306
Missouri	11-P-57083/7-01 (565)	**Casework services to unmarried mothers in St. Louis, Department of Education Extended School Program.** To provide the social services component for a community effort to coordinate social, medical, and educational resources for about 240 teenage unmarried pregnant schoolgirls in St. Louis.	14,695
	11-P-57088/7-01 (572)	**Volunteer citizens program to combat hunger and malnutrition among low income families.** To develop and follow a model for a volunteer citizens program to promote and support the food, nutritional, and educational services needed to mobilize interest in and help for low income families.	7,928
Montana	11-P-57051/8-02 (509)	**Montana welfare legal service project.** To determine the feasibility of providing legal services to the poor in rural areas, particularly public assistance recipients, through circuit rider and Judicare programs.	59,753
	11-P-57080/8-01 (557)	**A team approach to rehabilitation services in a sparsely settled rural area.** To expand the services of the Department of Public Welfare and the Division of Vocational Rehabilitation, using a team method to return more recipients to employment.	39,708

State and project number		Title and purpose	Amount of grant
Montana–Continued	11-P-57109/8-01 (599)	**The Butte Model Cities comprehensive dental program.** To provide comprehensive dental care to model neighborhood residents and Silver Bow County through a prepaid dental plan.	$62,808
	11-P-57110/8-01 (600)	**Helena comprehealth plan.** To provide low cost prepaid health insurance for persons needing medical services.	52,794
New Hampshire	11-P-57040/1-02 (464)	**Gear Up:** To employ a management analyst to study program relations in a State agency as they affect administration.	8,085
New Jersey	11-P-57113/2-01 (606)	**Public welfare services to low income families and individuals in a suburban area.** To provide a coordinated comprehensive method for delivering social services in a suburban rural area.	104,258
New Mexico	11-P-57007/6-03 (274)	**A public welfare plan to develop a program in community planning.** Through community social workers, to stimulate and develop a variety of community planning programs.	27,376
	11-P-57022/6-03 (389)	**Bernalillo County extended services project.** To employ a caseworker in each of five OEO neighborhood centers as an information and referral source for potential public assistance recipients.	32,716
New York	11-P-57041/2-03 (465)	**Hunts Point neighborhood service program.** To experiment with the use of professional staff members and subprofessional neighborhood workers to show that such use will increase income support and social service delivery by the Department of Social Serviees.	113,531
	11-P-57058/2-02 (531)	**New York State model project within the nationwide program for public welfare data processing.** To design systems to support the administration of local, State, and Federal public assistance programs. (One of four "profile" States in the National Automatic Data Processing plan.)	237,254
North Carolina	11-P-57061/4-02 (535)	**Mecklenburg County extended day care program for Model Cities area.** To provide an extended day care program for school age children, after school and during the summer.	61,262
	11-P-57075/4-01 (551)	**North Carolina legal services program.** To gather data on the neighborhood office idea in three counties with which to properly implement services program incorporating a number of these facilities.	28,664
	11-P-57107/4-01 (597)	**Forsyth County youth development project.** To demonstrate the value of providing young people from poor families an opportunity to participate in established community programs.	20,059
	11-P-57108/4-01 (598)	**Case management in a medical assistance program.** To demonstrate that the use of social service aides in case management and counseling can help improve the health of recipients and families by stepping up their use of health facilities and resources. (A Model Cities project.)	18,000
Oklahoma	11-P-57049/6-02 (504)	**Mobilization of community resources toward prevention and reduction of births out of wedlock and otherwise strengthen family life.** To develop a model for a program using community resources that will attack the cause of births out of wedlock.	32,013
Oregon	11-P-57057/0-02 (527)	**Work Evaluation Center project.** By combining the resources of three agencies, to speed up service to recipients and to eliminate duplication.	98,367
Pennsylvania	11-P-57087/3-01 (571)	**Pennsylvania social service system.** To experiment with a model social service system designed by the American Public Welfare Association in Delaware County.	15,618

State and project number		Title and purpose of project	Amount of grant
Rhode Island	11-P-57104/1-01 (593)	**Young parents service project.** To prevent further out-of-wedlock pregnancy and the problems it brings by providing a program of early and intensive service to unmarried parents.	$87,254
Tennessee	11-P-57031/4-02 (437)	**Public assistance intake at Neighborhood Center, Social Services Division Juvenile Detention Unit, Neighborhood Center Homemaker, Neighborhood Protective Service Project.** Through the welfare component of the Chattanooga Neighborhood Service Program to provide the following: social welfare services in the Neighborhood Center through the use of a neighborhood intake service unit; casework services to children of public assistance recipients, including former and potential recipient families, while housed in the detention unit; homemaker services to OAA, AB, and APTD recipients; and concentrated services to families and children in the specified area.	34,573
	11-P-57072/4-01 (515)	**A community model for initiating and continuing education in family planning.** To improve the delivery of voluntary family planning services to low income families by developing a structure among local health and welfare agencies that will serve as a model for continuing education for health and welfare workers.	11,973
Texas	11-P-57029/6-03 (418)	**Crossroads Community Center-community social services planner.** By employing a community social service planner in a Dallas community center, to establish effective communication between the public welfare agency and the center.	4,547
	11-P-57030/6-03 (419)	**The development of manpower resources for public welfare through recruitment activities and development of undergraduage social work education programs.** To increase substantially the number of qualified social workers through recruitment and education.	26,510
	11-P-57105/6-01 (594)	**Waco Home and Family Center.** To demonstrate new ways of providing services to residents of a pilot city area by establishing a home and family center having a child care laboratory, home management aides, transportation service, and community planning and organization. (A Model Cities project.)	74,430
Utah	11-P-570118-02 (286)	**Tele-lecture as a teaching media.** To experiment with the use of tele-lecture as a teaching medium for training public welfare employees.	6,116
	11-P-57052/8-02 (512)	**A systems approach to manpower utilization and training.** To increase and improve services through the development and testing of a different staffing pattern.	42,874
	11-P-57096/8-01 (583)	**Community information referral and counseling services center.** To establish a family life center designed to deliver social services more effectively to public welfare recipients.	39,340
Virginia	11-P-57009/3-03 (283)	**Service to clients in groups.** To demonstrate the use of the group method by setting up a special unit of trained group workers to provide group services to recipients referred by other caseworkers.	16,356
	11-P-57019/3-03 (377)	**Social services mobile office unit.** To bring welfare services to areas of the city of Chesapeake that are distant from the main welfare office or have a high incidence of social problems.	11,641
	11-P-57020/3-03 (382)	**Baccalaureate manpower development program.** To increase substantially the number and quality of social workers by extending and improving undergraduate social welfare education.	9,888

State and project number		Title and purpose	Amount of grant
Virginia—Continued	11-P-57106/3-01 (596)	**Case management in a medical assistance program through the use of the subprofessional.** To increase the use of health care facilities by public assistance recipients through the use of case aides as mediators between the patient and the physician.	$16,701
Vermont	11-P-5708/1-03 (282)	**Welfare administration systems analysis.** To employ a welfare administration systems analyst to study present administrative procedures, recommend changes, and evaluate the results.	2,735
	11-P-57082/1-01 (562)	**Food stamp issuance system to public assistance households.** To offer public assistance recipients the choice of having the cost of food stamps deducted from their checks and receiving them through the mail or continuing to receive a full check from which stamps may be purchased from town clerks.	3,375
	11-P-57114/1-01 (607)	**Public social service project.** To design, test, and install a social service delivery system to prepare the agency for social services supportive of the Family Assistance Plan.	112,000
Washington	11-P-57021/0-02 (383)	**Foster family homes for adults.** To experiment with foster family homes and medical services for adults who need places to live and receive care but who do not need nursing home care.	165,197
	11-P-57027/0-20 (413)	**Seattle model neighborhoods planning project.** By providing trained staff members to the State agency, to help form the welfare component of the Seattle model city neighborhood program.	8,927
	11-P-57047/0-01 (488)	**Evaluation and inventory project.** Through a multiprofessional team, to evaluate the rehabilitation potential of a group of public assistance recipients and provide services needed.	150
	11-P-57094/0-01 (581)	**Lummi Indian project.** To furnish a mobile unit on the Lummi Indian Reservation that would serve tribal members where they live.	20,900
	11-P-57102/0-01 (591)	**Neighborhood social service center project.** By establishing two centers, to make services more readily available in the neighborhood.	55,000
	11-P-57115/0-01 (609)	**Social services evaluation demonstration.** To demonstrate the application of a relative effectiveness model and associated analytical procedures to the major service fields included under Title IV-A of the Social Security Act.	11,250
West Virginia	11-P-57024/3-03 (400/401)	**Promotion and development of education for social welfare personnel and recruitment of social welfare personnel.** To increase substantially the number and quality of social workers by extending and improving undergraduate social welfare education and by setting up a broad recruitment program.	15,932

Abbreviations used: AABD—aid to the aged, blind, and disabled; AB—aid to the blind; AFDC—aid to families with dependent children; APTD—aid to the permanently and totally disabled; HUD—U.S. Department of Housing and Urban Development; and OAA—old age assistance.

Table 5. Demonstration projects approved in fiscal year 1970 requiring waiver of plan requirements and not involving a special Federal fund grant (new projects and continuations)

State and project number		Title and purpose
Arkansas	11-P-57084/6-01 (568)	**Use of group services with AFDC families in Pulaski County, Arkansas.** To allow a student unit of the State agency to hold two group service sessions for AFDC families in family life education and recreation.
California	11-P-57137/9-03 (371)	**An approach to manpower utilization by means of functional specialization of public welfare staff.** To test the extension of simplified eligibility determination, as used for OAA, to other categories of aid in Marin and Santa Clara Counties.
	11-P-57077/9-01 (553)	**Voluntary deduction of food stamp purchase requirement from public assistance grant.** To enable voluntary deductions of food stamp from the public assistance grant for eligible recipients in 10 counties.
	11-P-57112/9-01 (605)	**Community coordinated method for determining and meeting day care needs in model cities.** To experiment with methods of day care for former or potential AFDC children in a model city neighborhood.
Connecticut	11-P-57099/1-01 (588)	**Low income home management training program.** To develop a home management training program in four or five localities for low income families, including public assistance recipients.
Florida	11-P-57048/4-02 (501)	**Operation Hope.** To determine the feasibility of using various forms of alternate care in such facilities as nursing homes, homes for the aged, foster homes, boarding-homes, and independent living arrangements for geriatric patients who are not in need of care in special psychiatric facilities.
	11-P-57079/4-01 (556)	**Planning for persons released from Sunland Training Schools for the Mentally Retarded.** To provide alternate care arrangements for about 250 persons released from the Sunland Training Schools.
Iowa	11-P-57092/7-01 (577)	**Rural graduate work incentive experiment.** To provide medical services to current and potential AFDC recipients participating in the OEO experimental income maintenance project.
Kentucky	11-P-47000/14-05 (171)	**Higher education project.** To allow certain college students to complete their courses.
Massachusetts	11-P-57091/1-01 (576)	**Title IV-A, part A-Model Cities day care.** To purchase essential day care services through contracts with the Boston and Cambridge Model Cities Administrations.
Michigan	11-P-57148/5-01	**Berrien County experimental program.** To help AFDC families reach economic independence by improving and expanding services.
New York	11-P-47006/2-04 (263)	**Nassau County legal services for welfare clients.** To provide legal advice and service to to Nassau County public welfare recipients on a fee-for-service basis.
	11-P-57097/2-01 (584)	**Food stamp deduction system.** To test the administrative feasibility of a system of voluntary deduction of food stamps from the public assistance grant for eligible recipients.
North Carolina	11-P-57138/4-02 (511)	**Mecklenburg County Department of Public Welfare agency-operated Child-Development-Day Care Centers.** To furnish day care services for children in families with unemployed fathers, to pay the cost of such care in Mecklenburg County, and to liberalize the current State plan definitions of former and potential applicants and recipients.
	11-P-57085/4-01 (569)	**Forsyth County Department of Social Services - Project TEAM.** To improve the delivery of special social services to the family by establishing better communications between the Department of Social Services and active and potential recipients through the use of community, group, and social casework methods.

State and project number		Title and purpose
Pennsylvania	11-P-57090/3-01 (575)	**Legal services to the poor.** To demonstrate the provision of legal services in civil matters to the poor in Erie County.
	11-P-57118/3-01 (613)	**Legal services to the poor, Northampton County.** To demonstrate the provision of legal services to eligible groups of poor persons through a strong group representation and public advocacy component, a diverse staffing pattern, and a degree of attorney specialization in different aspects of the law. (Legal services provided by the Northampton County Legal Aid Society.)
Rhode Island	11-P-57046/1-02 (487)	**Retention of increased insurance assets.** To determine the effect on the public assistance caseload of an increase in retainable assets, specifically an increase in the face value of retainable insurance.
Tennessee	11-P-57086/4-01 (570)	**Contract with Keyboard Training Inc., to obtain vocational training for AFDC recipients.** To test educational and training services to determine the feasibility of providing vocational training to AFDC recipients in the two non-WIN counties of Dyer and Gibson.
Texas	11-P-57044/6-03 (470)	**AFDC day care program, Harris County, Tex.** To provide continuation and expansion of day care and related services to former, present, and potential AFDC applicants and recipients.
	11-P-57095/6-01 (582)	**Dallas Crossroads Community Center core services.** To operate a central information, referral, intake, and outreach program for social services in a poverty area.
	11-P-57103/6-01 (592)	**Comprehensive services to families with children.** To provide a neighborhood based comprehensive service program to all families with children in specific inner city areas, except those families with children in need of protection or families with children in SDPW foster homes.
	11-P-57119/6-01 (614)	**Texas demonstration of the extension and improvement of child care services.** To provide child care and development services to low income families in selected localities.
Vermont	11-P-47089/6-01 (574)	**Development of day care in selected counties.** To help the development of day care facilities and related child care training programs in selected communities for former and potential AFDC families.
Virginia	11-P-57100/3-01 (589)	**Homemaker services in Model City area.** To provide homemaker services to all residents of the model city area of Norfolk.
Washington	11-P-57073/0-01 (530)	**Youth incentive program.** To encourage 16 - and 17-year old out-of-school young persons in AFDC families to seek employment by allowing an income exemption during the summer months.
	11-P-57078/0-01 (555)	**Food stamp purchase deduction.** To enable voluntary deduction of food stamps from the public assistance grant for eligible recipients in 18 counties.
Wyoming	11-P-57081/8-01 (558)	**Effect of updated standards of need.** To test, in Laramie and Natrona Counties, the effects of a simplified budgeting procedure that reduces age breakdowns and provides for a standard payment for all categories (the demonstration would increase payment by an average of 4 percent).

Abbreviations used: AFDC—aid to families with dependent children; OAA—old-age assistance; OEO—Office of Economic Opportunity, and SDPW—State Department of Public Welfare.

BOOK NOTES

Social Security's Early Days

Launching Social Security: A Capture-and-Record Account 1935-1937, *by Charles McKinley and Robert W. Frase. Madison, Milwaukee, London: University of Wisconsin Press, 1970, 519 pp., $12.95.*

THIS IS A WELL-TITLED, or at least a well-subtitled, book. In November 1935, Charles McKinley, Professor of political science at Reed College, working for the Committee on Public Administration of the Federal Social Science Research Council (SSRC), began a day-to-day observation of the way in which the new Social Security Board was developing policies and organizing to implement the highly complex, 3-month-old Social Security Act. The following May he handed the assignment over to Robert W. Frase, a graduate student from Harvard University and a recent member of the Board's staff. Frase, with some help from McKinley, carried the research to May 1937. By that time the public assistance grant systems were well underway, all 48 States had passed unemployment compensation laws, and the massive registration for old-age insurance was substantially complete. The methods used to produce *Launching Social Security* were interviews with Board and staff members and reviews of organizational minutes, Board meeting notes, and other documents. Thus the authors' work was truly "capture and record."

McKinley and Frase have produced a book that is in the nature of an extended memorandum: detailed and thorough, slow-moving, and given to treating particulars rather than to developing generalizations. They did little traveling, and so tell us much more about the policies and problems of the Board and its various central bureaus than about the work of regional offices or cooperating State agencies. Because their study was made from the point of view of public administration, they were preoccupied with the internal structural problems of Board organization—of which there were plenty in such a hastily constructed and ambitious public agency. Consequently, they deal scarcely at all with the great substantive issues that faced the Committee on Economic Security as it devised the social security system in 1934-35 and the Social Security Advisory Council that helped revise it in 1937-39. They hardly more than mention the pooling-employer reserve debate in unemployment compensation. They leave completely unexplained their tantalizing statement that although the Board was officially neutral on this issue, "unofficially the entire [Unemployment Compensation] bureau was in favor of a pooled fund and had really exerted its influence to secure the passage of that kind of legislation" in the States (p. 253). And, without elaborating, they dismiss the politically troublesome proposals of Senator Arthur Vandenberg to reduce the old-age reserve account as not significant to their study. *Launching Social Security* is very different, then, from other studies from the period such as Edwin Witte's *The Development of the Social Security Act* (to which it serves as something of a sequel) or those of Eveline Burns and Paul Douglas.

The student of welfare development will find much to interest him in this volume. He will learn how the public assistance grants-in-aid programs got underway with remarkable speed not only to disperse money quickly to people who needed it but also to forestall Townsend-style agitation for universal old-age pensions. He will also learn how the social workers in the Bureau of Public Assistance tried to raise employee standards in the States. Though the Act prohibits Federal administrators from exercising control over the selection, compensation, and tenure of State employees, the Bureau used provisions calling for efficient administration to induce many States to professionalize their welfare staffs. Despite lack of a uniform national system of unemployment insurance, the system for controlling unemployment compensation funds did give the Board leverage to achieve minimum adequacy in laws and administration—even to the point where the Board was able to induce some State governors to call special legislative sessions to produce unemployment laws that met Federal standards.

The student of public administration will find the book an interesting case study. He will read, for example, of the way in which "watchdog" sections of an agency crossed purposes with administrators who were responsible for getting the basic job done; for the Board's legal and auditing staffs were almost always on the side of caution and strict construction, and the chiefs of the

Bureaus of Public Assistance, Unemployment Compensation, and Old Age Benefits (and the Board itself) were much more inclined to move ahead. He will also find material on agency group leadership. The authors conclude that having a board rather than one man at the top was a questionable practice. Three vigorous Board members, they reason, had too much time and energy to spill out of the realm of policymaking into interfering with administration. Endless Board discussions slowed down decision-making. And each Board member tended to have his "own" men on the staff, spawning a factionalism that inevitably exacerbated other organizational problems.

Some of those problems stemmed from the use of regional units in administration. Certain high Board officials, particularly Board member Arthur Altmeyer and John Corson, the Board's highly energetic Assistant Executive Director, believed strongly in decentralization as a matter of principle. Regionalism was the fashion of the day, and a 1935 National Resources Committee report, *Regional Factors in National Planning and Development,* directly influenced the Board's planners. The Board then hastened to set up a system of regional offices—hastened too much, in the authors' judgment. State administrators very often preferred to deal directly with Washington. The chiefs of the Board's Washington bureaus did not want to go through regional directors to communicate with their men in the field. The Board failed to enforce clear line-and-staff patterns. So, in this case, regionalism, rather than serving as a model form of public administration, seemed to leave many officials without clear functions and at odds with their colleagues in Washington.

There is genuine drama in the book for those who can see it. Pressure to hire political appointees was heavy, and although the authors believe that in general the Board did well in recruiting high-quality staff members, it had constantly to trade horses with Senators. The attempt to register 26 million workers between the 1936 Presidential election and New Year's Day was a real exercise in optimism. But the authors also deal the reader some frustrations. Stopping research in May 1937 meant that they could seldom judge how a particular policy or decision worked out in a matured system. And even when they could, they often fail to finish an episode. After giving two full pages to describing plans to give workers metal identification tags, for instance, they suddenly cut off their discussion with a one-sentence paragraph informing us that "the metal token plan was abandoned and the board, early in June, decided to use a small paper card." Not a word more (p. 320). They would have done the reader a great service had they given short explanations of why the Act included provisions that made administration difficult—had told us, for instance, that the drafters had separated the old-age insurance tax and benefit title to strengthen the Act's constitutionality and that key members of the Congress denied the Board the power to demand well-trained State workers. Finally, the book suffers from lack of clear purpose. In his preface Frase admits that when he was doing the research he did not know to what use the SSRC committee meant to put the finished product. The result was a dragnet method and a report that delivers many facts but fails to drive home many interpretive points.

For all that, the "capturing and recording" was decidedly worth the effort. For the historian of social welfare, *Launching Social Security* is a handy reference tool. For the student of public administration, it is a remarkable case study. The practical social welfare administrator may find in it useful information on how certain patterns and precedents came about (but it would have been much more useful if it had been printed earlier—the authors composed the manuscript in 1941, but at that time it seemed too hot to publish because its criticisms of certain administrative policies might have damaged the Social Security program). For all readers the book teaches an important lesson: there is wide gulf between the easy slogans of welfare reform and the hard, practical tasks of building welfare institutions that function well.

THERON F. SCHLABACH

About the reviewers . . . .

Dr. Schlabach is Associate Professor of History at Goshen College. At the time he wrote this review he was Director of Goshen's international program in San Jose, Costa Rica.

Dr. Johnson is Professor of History at Bethel College.

Volume II of *Children and Youth in America* has been released by Harvard University Press. See "New Publications," page 29. Volume 3 is still in production.

Bringing Grace Abbott Up to Date

Children and Youth in America: A Documentary History, Volume I, 1600-1865. *Robert H. Bremner et al., eds. Cambridge: Harvard University Press, 1970, 836 pp. $10.*

CHILDREN AND YOUTH IN AMERICA is the first of a projected three-volume set prepared by the staff of the Child and the State Project sponsored by the American Public Health Association and supported by a grant from the Children's Bureau of the U.S. Department of Health, Education, and Welfare. Martha M. Eliot is Project Director; William M. Schmidt is Associate Director. Both are physicians.

The project took its name from the work of Grace Abbott, Chief of the Children's Bureau from 1921 to 1934. From 1934 to 1939 Miss Abbott was a professor of public welfare administration in the School of Social Service Administration at the University of Chicago. In 1938 she published a two-volume documentary history of legislative, judicial, and administrative actions affecting apprenticeship and child labor, child welfare, and other topics under the title *The Child and the State*. This work has been an invaluable reference for historians and persons involved in various children's programs and has been used in the training of social and public health workers. It will remain a reference book of value because of Miss Abbott's informative introductory essays to the documents included.

The initial planning to bring up to date and revise Miss Abbott's work began in 1964. At first, the editors intended to add a volume on child health and bring the subjects of the earlier volumes up to date. Instead, they decided to thoroughly restudy and expand the materials and to add material on child health, the treatment of children of minority racial and ethnic groups, education, and other topics. Hence the present volume, whose intent is to give a history of public policy toward children and young people in America through a collection of documents. Public policy, as used by the editors, includes the functions of government and voluntary agencies from the local to national levels in making provision for the protection and welfare of children and young people. This is not a history of childhood, children's agencies, or family life in America. Rather, the editors present a collection of documents arranged topically within chronological periods and link them by interpretive introductions.

Part one covers the colonial period from 1600 to 1735 and includes such topics as the coming of children to the New World, the place of children in the colonial family as well as the status of bastards and orphans, provisions for the care of dependent children, education, and the apprenticeship system. It also includes documents illustrating attempts to protect children against abuse by masters. The question posed by the documents in this section is this: What is the function of government or the public authority when the child is a subject of private family government and has no citizenship rights?

Part two, 1735-1820, includes discussions of child labor, education, dependent children, and children in trouble. The section on child health is excellent, as is the section (VII) on "Negro and Indian Children." The latter covers the Mission schools and their services to Indian children, free Negro children in the North, and the situation of slave children. Here the editors pose the questions of public response to children who are still officially subject to familial authority but who are acquiring and practicing the doctrines of self-help, independence, and self-interest.

Part three, 1820-65, has excellent materials on the legal status of the child, free Negro children in the South, Indian children, and slave children. The familiar subjects of education, child labor, dependent and delinquent children, child health, and the immigrant child are also covered. This section also attempts to explore the views held by the state and the adult public toward children in an era marked by political and social change, population mobility, and rapid economic growth.

The editors have followed common law and statute in using 21 as the age of majority or the end of childhood. The bulk of the documents in Volume I refer to boys and girls under 16, undoubtedly because the people in antebellum America could not afford the luxury of extended youth. The times required that young people assume adult responsibilities at an early age. Executive Research Editor Robert Bremner, of Ohio State University, says that the succeeding volumes will also deal with the problems of children but that the provision for young people will attract more attention as the chronology becomes more recent. The editorial introductions at the beginning of each section are very helpful. They establish the proper historical context and then

allow the documents to speak for themselves. Each section usually has an introduction, sometimes lengthy, as does each document, all short. These additions help the reader understand the documents by including the necessary data about persons and places mentioned. The chronology of events affecting the health, education, and welfare of children and young persons on pp. 817-821 is a very useful reference tool.

The documentary method followed in this volume also provides a degree of flexibility that narrative history might not. Thus the original aim—to offer a work so broadly conceived that it might appeal to professional schools and students in medicine and the health professions, social work, law, and education—should become a reality. Persons actively organizing and directing services for children will also profit from this book. Hence the editors and others involved in its production are to be commended, and the subsequent two volumes will be welcome additions. Child welfare researchers will certainly find a multiplicity of uses for the volumes.

A NOTE OF TRIBUTE to Grace Abbott is due, and a review such as this should not end without commending her. She had neither the research facilities nor the financial backing of the Child and State Project, yet she broke the ground and provided the core materials for this three-volume work. Her handicaps make her accomplishment all the more impressive. How well she knew that America was wasting the precious resources of childhood! She devoted much of her time and energy to combatting the people and institutions wasting this resource. The fight goes on: this volume and the two to follow will help by producing the facts of history that will be of assistance in formulating present policy, a project of which Miss Abbott would surely approve.

JAMES E. JOHNSON

FROM THE 1970 CENSUS OF POPULATION

How U.S. Metropolitan Areas Grew, 1960-70

AMERICANS MOVED STEADILY from the country to the city between 1960 and 1970, but they moved less rapidly to the Nation's largest cities than to those of intermediate size or smaller. This is indicated by a recent report from the Bureau of the Census based on the 1970 census. The report shows that the 12 largest Standard Metropolitan Statistical Areas (SMSA's)—areas with 2 million or more people—grew by only 12 percent; those of intermediate size—the 21 SMSA's with between 1 and 2 million people—grew by 27 percent. The next sized group, the 32 SMSA's with half a million to a million people, grew by 18 percent.

The grouping of SMSA's by size and growth rate also points up the movement patterns of Negro and white persons. Negroes moved into the central cities of the 12 largest SMSA's—where their numbers increased by 37 percent; white persons moved out of the central cities, as indicated by the fact that their number actually decreased by 13 percent. The data indicate that both white and Negro persons moved to the suburbs of these areas because the first group increased by 22 percent and the second by 57 percent. The growth rate for Negroes living in these suburbs is large but the actual number is small because very few Negroes were found there in 1960.

The white population in the central cities of the intermediate-sized SMSA's increased but only by 3 percent; the Negro population by 39 percent. In the suburbs of these SMSA's, the white population increased by 42 percent, the Negro by 38 percent. As in the largest SMSA's, the latter figure is large proportionately but small in comparison with the total population.

In the SMSA's of half a million to a million, the growth rate was 26 percent in the central cities for Negroes and 3 percent for white persons. In the suburbs of these areas, the white population increased by 30 percent, the Negro by 8.

Further information may be obtained from the Bureau of the Census, U.S. Department of Commerce, Washington, D.C. 20230.

Alexander L. Radomski

Dr. Radomski is a social science analyst, Division of Intramural Research; Office of Research and Demonstrations; Office of Planning, Research, and Training; Social and Rehabilitation Service; U.S. Department of Health, Education, and Welfare.

New Publications

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Publications for which prices are listed may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (25 percent discount on orders of 100 or more). Payment must accompany order. Single copies of unpriced publications are available from the issuing agency.

SOCIAL AND REHABILITATION SERVICE

Diverting youth from the correctional system. Youth Development and Delinquency Prevention Administration, 1971, 82 pp. (SRS-JD-169). (Contains reprints from three university Law Reviews.)

Juvenile delinquency planning. Youth Development and Delinquency Prevention Administration (published jointly with the Law Enforcement Assistance Administration, U.S. Department of Justice), 1971, 14 pp. (SRS-166-1971).

National study of social welfare and rehabilitation workers, work, and organizational contexts: working papers No. 1. Office of Planning, Research, and Training, 1971, 226 pp., $1.75 (SRS-ORD-177).

National Center for Social Statistics

Applications, cases approved, and cases discontinued for public assistance, January-March 1970. NCSS Report A-9 (1-3/70), 3 pp. text, 7 tables.

Assessments completed and referrals to manpower agencies by welfare agencies under Work Incentive Program for AFDC recipients, July-September 1970. NCSS Report E-5 (7-9/70), 2 pp. text, 5 tables.

Child care arrangements of AFDC recipients under the Work Incentive Program as of the last day of the quarter ended December 31, 1970. NCSS report E-4 (12/31/70), 3 pp. text, 6 tables.

Public assistance: costs of State and local administration, services, and training, fiscal year ended June 30, 1970. NCSS report F-3 (FY 70), 12 tables.

Recipients and amounts of medical vendor payments under public assistance programs, January-June 1969. NCSS report B-3 (1-6/69). 25 tables.

Source of funds expended for public assistance payments and for the cost of administration, services, and training, fiscal year ended June 30, 1970. NCSS report F-2 (FY 70), 10 tables.

State maximums and other methods of limiting money payments to recipients of the special types of public assistance. October 1970, NCSS report D-3 (10/70), 4 pp. text, 3 tables.

SOCIAL SECURITY ADMINISTRATION

Office of Research and Statistics

Enrollment, coverage, and financial experience of Blue Cross and Blue Shield plans, 1969. Research and Statistics note No. 4, April 1971, 13 pp. text, 13 tables.

NON-GOVERNMENT

Direct inquiries and orders to the publisher or issuing agency.

American social history before 1860, Gerald N. Grob, comp. Appleton-Century-Crofts (440 Park Ave. So., New York, N.Y. 10016), 1970, 137 pp., $2.25. (Goldentree bibliographies in American history.)

Annual price survey: family budget costs, October 1970, 14th ed. Supplement to Family budget standard and How to measure ability to pay for social and health services. Research Department, Community Council of Greater New York (225 Park Ave. So., New York, N.Y. 10003), 1971, 81 pp., $3.

Authority and social work: concept and use, Shankar A. Yelaja, ed. University of Toronto Press (St. George Campus, Toronto, 181, Canada), 1971, 309 pp., $3.50 (paper).

Blaming the victim, by William Ryan. Pantheon Books (437 Madison Ave., New York, N.Y. 10022), 1971, 299 pp., $6.95. (Examines the theory that the characteristics of the poor rather than social inequities cause poverty.)

The Boston rehabilitation program, an independent analysis, by Langley C. Keyes, Jr. Harvard University Press (79 Garden St., Cambridge, Mass. 02138), 1970, 173 pp., $3.75. (Concerns a Federal effort to rehabilitate old neighborhoods.)

The care of the aged: a guide for the licensed practical nurse, by Maureen J. O'Brien. C. V. Mosby (3207 Washington Blvd., St. Louis, Mo. 63103), 1971, 144 pp., $4.75.

The Chicano community, Eliseo Navorro, comp. Council on Social Work Education (345 E. 46th St., New York, N.Y. 10017), 1971, 57 pp., $3. (A bibliography.)

Children and youth in America, by Robert H. Bremner, ed. Harvard University Press (79 Garden St., Cambridge, Mass. 02138), 1970 and 1971. Vol. 1: 1600-1865, 836 pp., $10. Vol. 2, (in two sections) 1866-1932, 1,546 pp., $20.

Citizen participation: effecting community change, Edgar S. Cahn and Barry A. Passett, eds. Praeger (111 4th Ave., New York, N.Y. 10003), 1971, 294 pp., $10.

Community development: the dynamics of planned change, by Arthur F. Wileden. Bedminster Press (Vreeland Ave., Totowa, N.J. 07512), 1970, 306 pp., $8.95.

The discovery of the asylum: social order and disorder in the new republic, by David J. Rothman. Little, Brown (34 Beacon St., Boston, Mass. 02106), 1971, 376 pp., $12.50. (Discusses the growth of institutions for the "deviant and dependent" after 1820.)

Economic disparity: problems and strategies, by William L. Henderson and Larry C. Ledebur. Free Press (60 5th Ave., New York, N.Y. 10011), 1970, 360 pp., $8.95.

The economics of poverty, by Alan B. Batchelder, 2d ed. Wiley (605 3d Ave., New York, N.Y. 10016), 1971, 236 pp., $6.95.

Exodus from pandemonium: human abuse and a reformation of public policy, by Burton Blatt. Allyn and Bacon (Rockleigh, N.J. 07647), 1970, 268 pp., $9.95. (Concerns institutional psychiatry.)

Family in society, by Floyd M. Martinson. Dodd, Mead (79 Madison Ave., New York, N.Y. 10016), 1970, 395 pp., $7.50. (Examines the family at various periods in American history.)

Food for the hungry, by Judith A. Segal. Johns Hopkins Press (Homewood Campus, Baltimore, Md. 21218), 1970, 83 pp., $6. (Policy studies in employment and welfare No. 4.)

Health and the family: a medical-sociological analysis, Charles O. Crawford, ed. Macmillan (866 3d Ave., New York, N.Y. 10022), 1971, 277 pp., $7.95.

How people get power: organizing oppressed communities for actions, by Si Kahn. McGraw-Hill (330 W. 42d St., New York, N.Y. 10036), 1970, 128 pp., $4.95.

Information for urban affairs in Canada, by Michel Barcelo and others. Canadian Council on Urban and Regional Research (Suite 511, 151 Slater, Ottawa, Canada), 1971, 80 pp., $3. (Outlines an information exchange service.)

Information processing application in the social and behavioral sciences, by William I. Davisson. Appleton-Century-Crofts (440 Park Ave., So. New York, N.Y. 10016), 1970, 276 pp., $4.95.

The instructional module: its uses for beginning teachers in undergraduate programs in social welfare, by Kay L. Dea. Council on Social Work Education (345 E. 46th St., New York, N.Y. 10017), 50 pp., $2.

In the service of old age: the welfare of psychogeriatric patients, by Anthony Whitehead. Penguin Books (7110 Ambassador Rd., Baltimore, Md. 21207), 1970, 159 pp., $1.25.

Let's plan: a guide to the planning process for voluntary organizations, by John C. DeBoer. Pilgrim Press (1505 Race St., Philadelphia, Pa. 19102), 1970, 181 pp., $2.95.

Life in families, by Helen M. Hughes. Allyn and Bacon (Rockleigh, N.J. 07647), 1970, 243 pp., $2. (Discusses research studies by sociologists.)

Toward Better Housing

"A Right to a Decent Home . . ." Housing Improvement Initiatives for Public Welfare Agencies. *Community Services Administration, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare. 1970. 40 pp. Single copies free from the Administration. (Purchase from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Price: 30 cents).*

TO THE QUESTION, Are there alternatives to the practice of subsidizing less than standard housing with public funds? *"A Right to a Decent Home . . ."* says "there are" and gives examples of what three cities and two States are doing to develop alternative methods. The three cities are Hartford, Pittsburgh, and Milwaukee; the two States, Kentucky and California.

Hartford is opening up suburban housing to public assistance recipients by working with both recipients (the potential renters) and landlords. The program includes instructions in home management, landlord-tenant relations services, and a citizen-to-citizen program that matches slum families and suburban families.

Pittsburgh has adopted a rent-withholding program that allows a tenant to withhold rent when his landlord is violating 20 or more points of the city's housing health code, as determined by the health department. His rent may be placed in escrow until the landlord meets the code. If the landlord does not meet the code within a set time, the tenant may use the back rent toward the purchase of a home or rental of better housing.

Kentucky helps poor persons in four rural counties through a joint Federal, State, and local program of repairs to the homes of elderly and disabled persons. The U.S. Department of Labor furnishes the workmen to repair the homes. (See *Welfare in Review,* July-August 1970, "Rural Home Repair in Eastern Kentucky: A Local-State-Federal Demonstration.")

California is working toward providing adequate housing for public assistance recipients through two funds set aside to meet the "shelter needs of public assistance recipients" by helping recipients buy homes or improve those they have. Builders and developers are being encouraged to construct housing for low income families.

Milwaukee is helping large families of poor persons find adequate housing through a home-purchasing program. With the help of nonprofit groups, who put up $200 for each family selected, families whose homes are destroyed by condemnation, urban renewal, or another government action are obtaining Federal Housing Authority insured mortgage loans. Members of the Milwaukee Bar Association and Legal Aid Society handle the legalities of purchase, and the University of Wisconsin Home Economics Extension Service conducts home improvement courses on home maintenance.

"A Right to a Decent Home . . ." also contains sections on what every public agency can do, an action plan for a State housing improvement program, a housing improvement checklist for public welfare agencies, and a description of the role of the Federal Government in providing information and technical assistance.

Linear algebra for social sciences, by Menahem E. Yaari. Prentice-Hall (Englewood Cliffs, N.J. 07632), 1971, 174 pp., $9.95.

Living in a slum: a study of St. Mary's, Oldham, published by the British Ministry of Housing and Local Government. Her Majesty's Stationery Office (London), 1970. 45 pp., about 35 cents. (Studies a slum area near Manchester before redevelopment.)

The lost reform: the campaign for compulsory health insurance in the United States from 1932 to 1943, by Daniel S. Hirshfield. Harvard University Press (79 Garden St., Cambridge, Mass. 02138), 1970, 221 pp., $8.50. (A Commonwealth Fund book.)

Low-income housing: a critique of Federal aid, by Robert Taggart, III. Johns Hopkins Press (Homewood Campus, Baltimore, Md. 21218), 1970, 146 pp., $7.50.

Model city, a test of American liberalism: one town's efforts to rebuild itself, by Fred Powledge. Simon and Schuster (1 W. 39th St., New York, N.Y. 10018), 1970, 350 pp., $7.95. (Discusses urban reform in New Haven, Conn.)

The money givers, by Joseph C. Goulden. Random House (30 W. 60th St., New York, N.Y. 10023), 1971, 341 pp., $8.95. (Examines American philanthropic foundations.)

A new look at field instruction: education for application of practice skills in community organization and social planning, by Jack Rothman and Wyatt Jones. Association Press (291 Broadway, New York, N.Y. 10007), 1971, 224 pp., $7.95. (Published in cooperation with the Council on Social Work Education as part of the Community Organization Curriculum Development Project under a grant from the Office of Juvenile Delinquency and Youth Development, Social and Rehabilitation, U.S. Department of Health, Education, and Welfare.)

The older patient: an introduction to geriatrics, by R. E. Irvine and others. English Universities Press (London), 1970, 212 pp., about $3.85.

The people's health: medicine and anthropology in a Navajo community, by John Adair, Kurt W. Deuschle, and others. Appleton-Century-Crofts (440 Park Ave. So., New York, N.Y. 10016), 1970, 183 pp., $6.95.

The physically handicapped and the community: some challenging breakthroughs, by Louis A. Michaux. Charles C. Thomas Publishers (301 Lawrence Ave., Springfield, Ill. 62703), 1970, 122 pp., $6.75.

A plan for measuring the performance of social programs: the application of operations research methodology, by David S. Alberts. Praeger (111 4th Ave., New York, N.Y. 10003), 1970, 157 pp., $15.

Poverty in New York, 1783-1825, by Raymond A. Mohl. Oxford University Press (200 Madison Ave., New York, N.Y. 10016), 1971, 318 pp., $8.50. (Urban life in America series.)

Readings in rehabilitation counseling, by Harold A. Moses and C. H. Patterson, 2d ed. Stipes Publishing Co. (10-12 Chester St., Champaign, Ill. 61820), 1971, 364 pp., $6.90.

Rehabilitation counseling of the blind, by Thomas A. Routh. Charles C. Thomas Publishers (301 Lawrence Ave., Springfield, Ill. 62703), 1970, 85 pp., $6.75.

The retirement handbook, by Joseph C. Buckley, 4th ed. Harper and Row (49 E. 33d St., New York, N.Y. 10016), 1971, 357 pp., $7.95.

Rich man, poor man, by Herman P. Miller. Crowell (201 Park Ave. So., New York, N.Y. 10003), 1971, 305 pp., $8.95. (Discusses income distribution).

A selected bibliography for the training of citizen-agents of planned community change, by Charles K. Bolton and Kenneth E. Corey. Council of Planning Librarians (Box 5211, Eugene, Oreg., 97504), 1970, 14 pp., $1.50. (Exchange bibliography No. 125.)

Slums and community development, by Marshall B. Clinard. Free Press (60 5th Ave., New York, N.Y. 10011), 1970, 395 pp., $3.45.

Social demography, Thomas R. Ford and Gordon F. De Jong, eds. Prentice-Hall (Englewood Cliffs, N.J. 07632), 1970, 690 pp., $9.95.

Social policy: issues of choice and change, by Martin Rein. Random House (30 W. 60th St., New York, N.Y. 10023), 1970, 490 pp., $8.95.

Social research and social policy, by Howard E. Freeman and Clarence C. Sherwood. Prentice-Hall (Englewood Cliffs, N.J. 07632), 1970, 159 pp., $5.95.

The social security program in the United States, by Charles I. Schottland, 2d ed. Appleton-Century-Crofts (440 Park Ave. So., New York, N.Y. 10016), 1970, 210 pp., $6.95. (Covers such current programs as Medicaid, Medicare, and the Work Incentive Program.)

Social welfare: institution and process, by Helen M. Crampton and Kenneth K. Kaiser. Random House (30 W. 60th St., New York, N.Y. 10023), 1970, 308 pp., $8.50.

Social work and the sociology of organizations, by Gilbert Smith. Humanities Press (303 Park Ave. So., New York, N.Y. 10010), 1970, 123 pp., $4.50.

Social work values in an age of discontent, Katherine A. Kendall, ed. Council on Social Work Education (345 E. 46th St., New York, N.Y. 10017), 1970, 106 pp., $3. (Ann Elizabeth Neely Memorial Lectures.)

The sociology and social psychology of disability and rehabilitation, by Constantina Safilios-Rothschild. Random House (30 W. 60th St., New York, N.Y. 10023), 1970, 326 pp., $7.95.

Sociology and social work: perspectives and problems, by Brian J. Heraud. Pergamon Press (Maxwell House, Park Fairview, Elmsford, N.Y. 10523), 1970, 306 pp., $5.50.

The sociology of urban regions, by Alvin Boskoff. Appleton-Century-Crofts (440 Park Ave. So., New York, N.Y. 10016), 1970, 389 pp., $7.95.

Statistical reasoning in sociology, by John H. Mueller and others, 2d ed. Houghton, Mifflin (2 Park St., Boston, Mass. 02107), 1970, 479 pp., $10.75.

Statistics on social work education: November 1, 1970 and academic year 1969-1970. Council on Social Work Education (345 E. 46th St., New York, N.Y. 10017), 1971, 40 pp., $3.

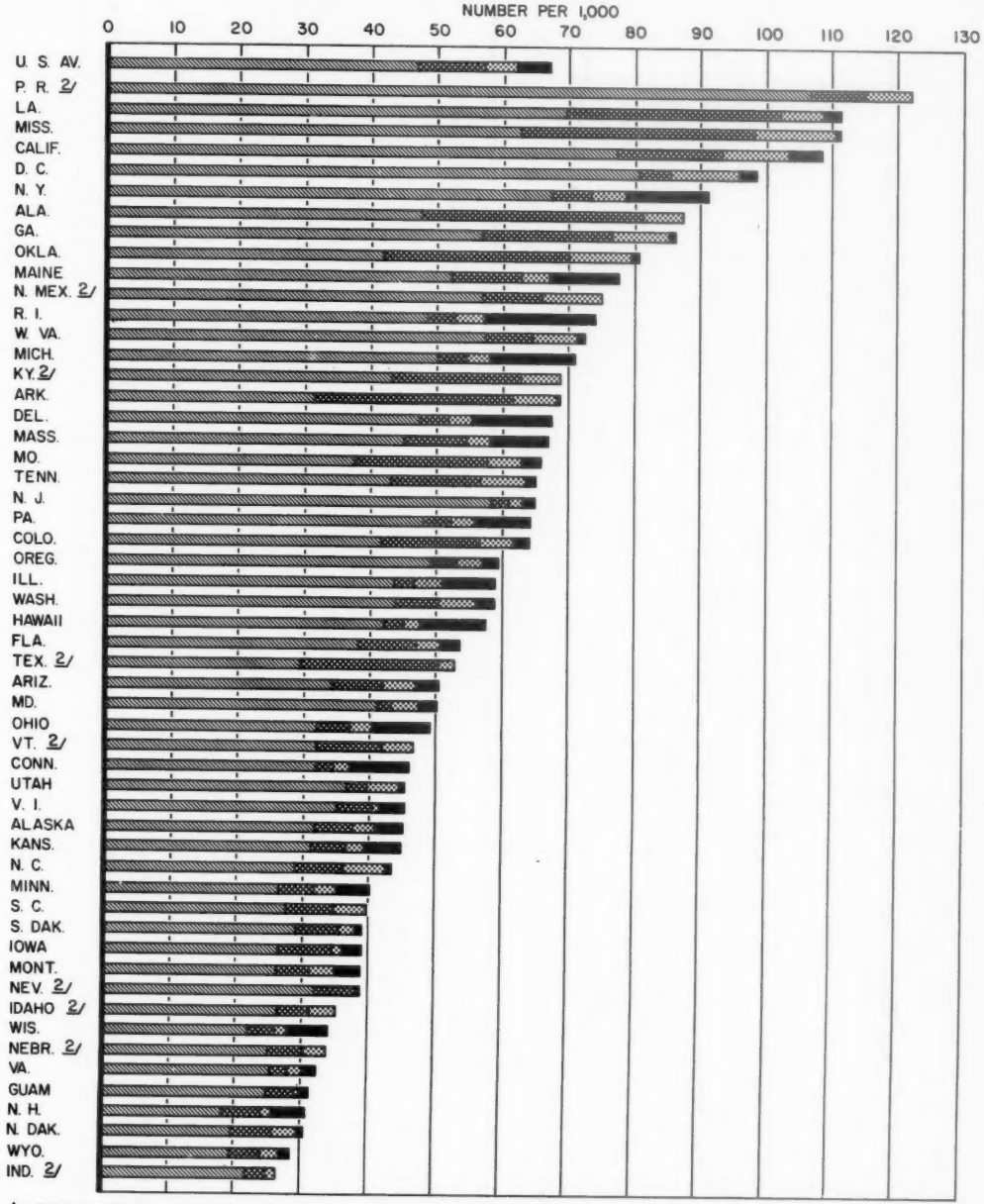
Teen-age medicine: questions young people ask about their health, by Augusta Greenblatt. Cowles Book Co. (Look Building, 488 Madison Ave., New York, N.Y. 10022), 1970, 206 pp., $5.95.

Unfit for human consumption, by Ruth M. Harmer. Prentice-Hall (Englewood Cliffs, N.J. 07632), 1971, 374 pp., $6.95. (Concerns the "gross neglect of human health and welfare" by the "industrial, scientific, regulatory, political, and academic establishments.")

Urban health services, by Eli Ginzberg and the Conservation of Human Resources Staff, Columbia University. Columbia University Press (440 W. 110th St., New York, N.Y. 10025), 1971, 250 pp., $10.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1971 482-144/1

RECIPIENTS OF PUBLIC ASSISTANCE MONEY PAYMENTS PER 1,000 POPULATION 1/ BY STATE, DECEMBER 1970



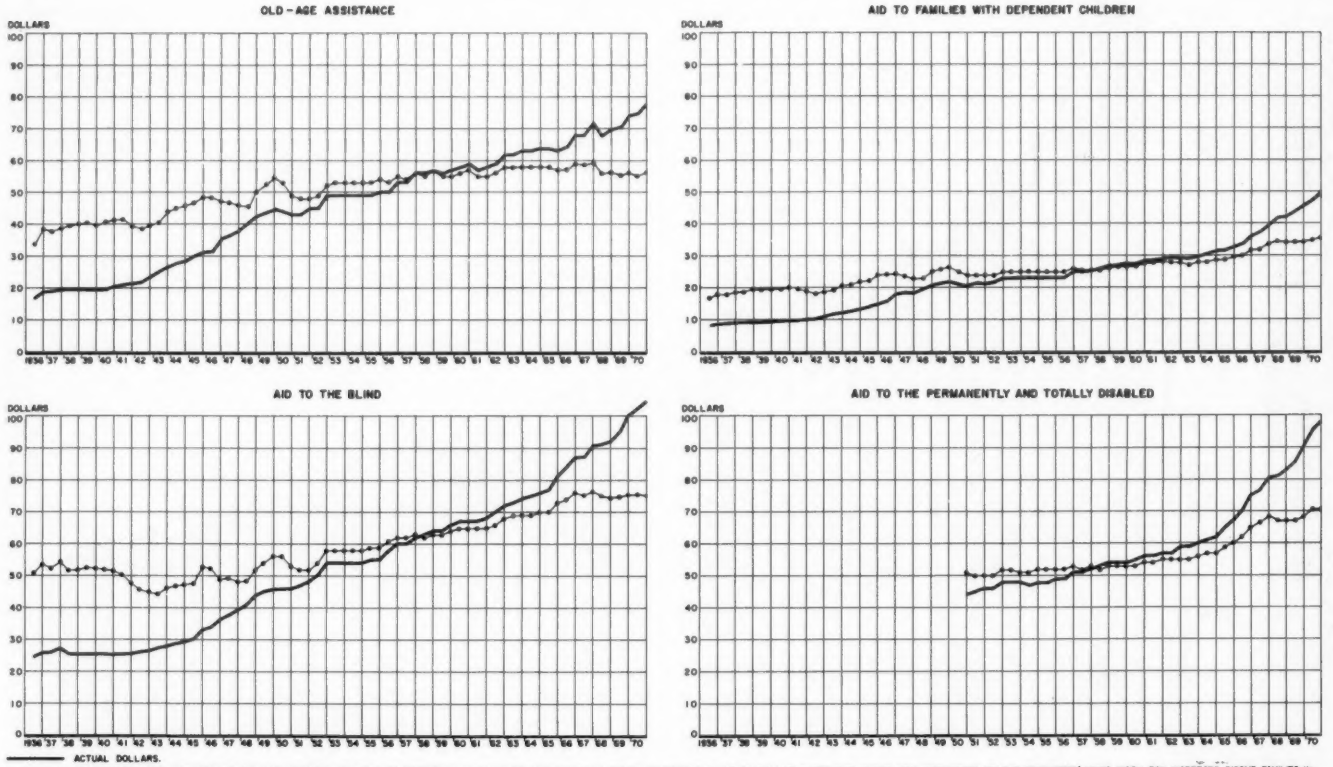
1/ BUREAU OF THE CENSUS, 1970 CENSUS OF POPULATION REPORT PC(VI)-1.

2/ DATA FOR GENERAL ASSISTANCE NOT AVAILABLE.

LEGEND: AFDC OAA AB and APTD GA

HEW-SRS-PSBDS-NCSS No. 337

AVERAGE MONTHLY PUBLIC ASSISTANCE MONEY PAYMENT PER RECIPIENT IN ACTUAL AND ADJUSTED DOLLARS BY PROGRAM, JUNE AND DECEMBER OF EACH YEAR, 1936 TO DATE

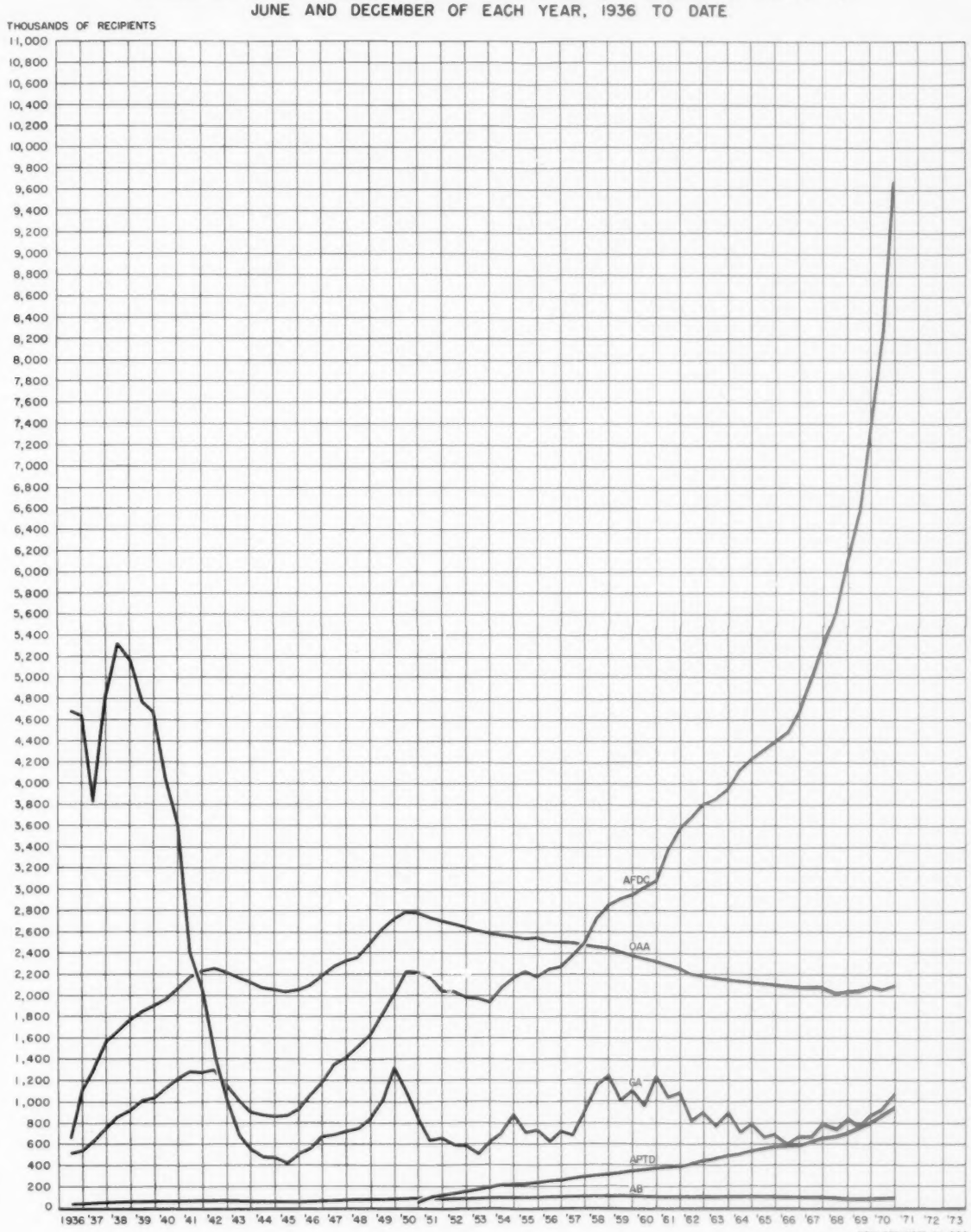


——— ACTUAL DOLLARS.

●—●—●—● ADJUSTED DOLLARS, 1957-1959=100 (DOLLAR, AMOUNTS ADJUSTED TO REPRESENT ACTUAL PURCHASING POWER IN TERMS OF AVERAGE VALUE OF DOLLAR DURING THE PERIOD 1957-1959 BASED ON THE CONSUMERS' PRICE INDEX FOR MODERATE-INCOME FAMILIES IN LARGE CITIES MAINTAINED BY THE BUREAU OF LABOR STATISTICS.)

HEW-SRS-NCSS No. 1E

NUMBER OF PUBLIC ASSISTANCE RECIPIENTS OF MONEY PAYMENTS BY PROGRAM, JUNE AND DECEMBER OF EACH YEAR, 1936 TO DATE



HEW-SRS-NCSS No. 22C

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